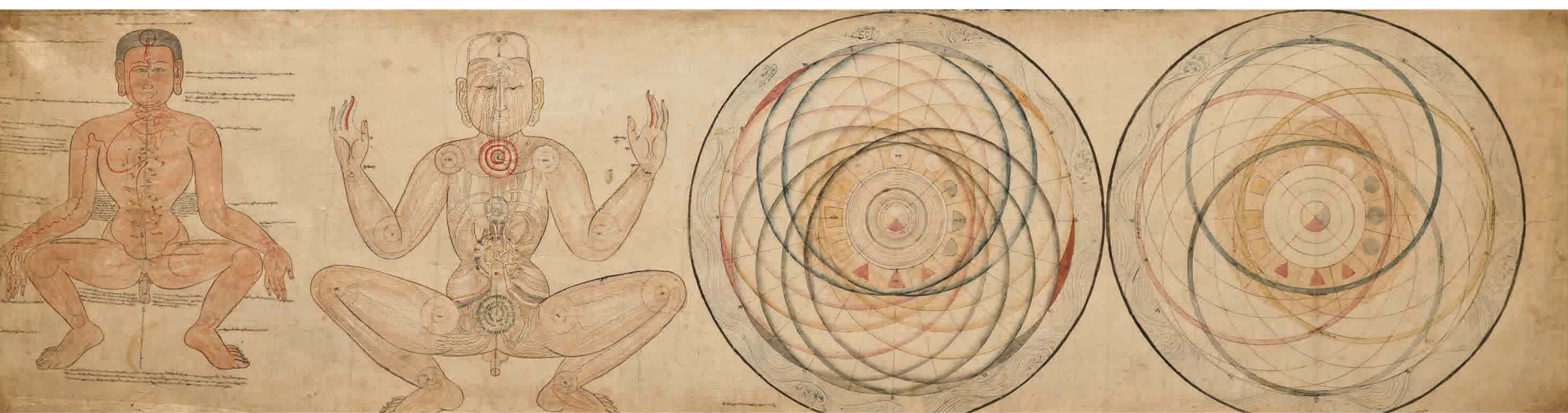


Bodies in Balance

The Art of Tibetan Medicine

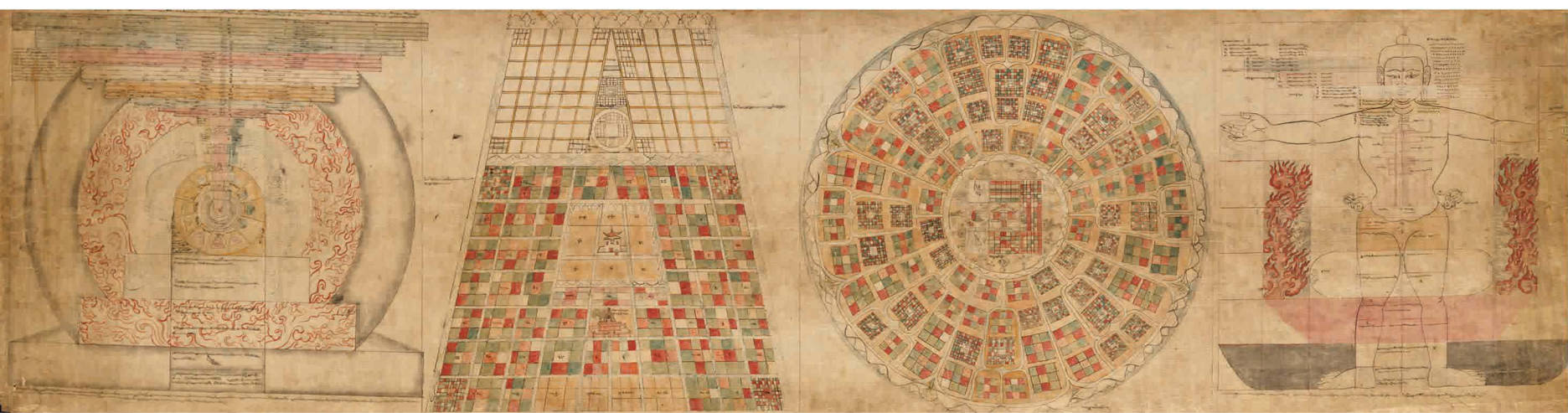
BODIES IN BALANCE



EDITED BY THERESIA HOFER

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Bodies in Balance: The Art of Tibetan Medicine

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Title pages: Buddhist Cosmological Scroll. Tibet; 16th century. Pigments on cloth; 182 × 48 cm. Rubin Museum of Art. See figure 5.6.

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Contents

vi	Foreword by Patrick Sears
vii	Preface by Jan Van Alphen
ix	Acknowledgments by Theresia Hofer
x	Note to the Reader
2	Introduction: Tibetan Medicine, Buddhism, and the Visual Arts Theresia Hofer

Part I Theoretical Foundations and Practices of Tibetan Medicine

Chapter 1	Chapter 2	Chapter 3	Chapter 4	Chapter 5	Chapter 6
The Art of Tibetan Medical Practice Barbara Gerke	Body and Mind in Tibetan Medicine and Tantric Buddhism Geoffrey Samuel	Foundations of Pharmacology and the Compounding of Tibetan Medicines Theresia Hofer	External Therapies in Tibetan Medicine: The <i>Four Tantras</i> , Contemporary Practice, and a Preliminary History of Surgery Pasang Yontan Arya	Medicine, Astrology, and Divination Ronit Yoeli-Tlalim	Tibetan Medicine in the World: Local Scenes, Global Transformations Sienna R. Craig
16	32	46	64	90	110
				Vignette 1 A Day at the Astrology Department of the Men-Tsee-Khang in Dharamsala, India Inger K. Vasstveit	
				105	

Part II Medicine, Buddhism, and Historical Developments

Chapter 7	Chapter 8	Chapter 9	Chapter 10	Chapter 11	Chapter 12
The Buddhas of Medicine Gyurme Dorje	The Origins of the <i>Four Tantras</i> and an Account of Its Author, Yuthog Yonten Gonpo Yang Ga	The Making of Medical History, Twelfth to Seventeenth Century Frances Garrett	Buddhist Practices and Ideals in Desi Sangye Gyatso's Medical Paintings Janet Gyatso	Illustrated <i>Materia Medica</i> Prints, Manuscripts, and Modern Books Theresia Hofer	The Journeys of Tibetan Medicine Martin Saxer
128	154	178	198	226	246
			Vignette 2 The Tree Murals of Labrang Monastery's Medical College, Eastern Tibet Katharina Sabernig		Vignette 3 Pillars of Tibetan Medicine: The Chagpori and Mentsikhang Institutes in Lhasa Theresia Hofer Knud Larsen
			221		257

269	Appendices
276	End Notes
297	Bibliography
309	Glossary
316	Index

Lenders

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Foreword

There are few, if any, among us who are not concerned with health: our own, that of our friends and family, or entire communities. It is something both personal and public, a topic that binds us together yet separates us at the same time. At a moment when the subject seems ever present, many among us — from scientists, to health professionals, to lay folks — are looking beyond a purely Western perspective of health and wellness for options, answers, and (yes) inspiration.

Because of the near-universal yet personal appeal of this topic, we chose to present *Bodies in Balance: The Art of Tibetan Medicine* as the Rubin Museum's signature offering at the beginning of our second decade. Within its focused arc, you will find an exhibition and this volume, both conceived to appeal to new-comers as well as to those more knowledgeable. Moreover, we have chosen to amplify the topic with what we hope are unexpected methods and opportunities for a broad engagement on the subject of health and wellness.

You will find this approach with increasing frequency in the coming decade at the Rubin Museum of Art. And we invite you to join us as we employ the tools at our disposal — art and visual traditions, the written and spoken word, performance and self-expression — to explore — together — many of life's interesting questions and ideas.

Patrick Sears
Executive Director

Preface

While preparing an exhibition and book entitled *Oriental Medicine* in Antwerp in 1995, I could not possibly have imagined that almost two decades later one aspect of this project would be further explored and greatly expanded in a new undertaking in a new museum. The original project examined and compared traditional Indian Ayurvedic practice with Yunani medicine, Tibetan medicine, and Chinese medicine and its derivatives in Japan, Korea, and Vietnam. My co-editor, Antony Aris (Serindia Publications), and I brought together seventeen specialists to discuss the theories and practices of the main traditional medical systems in Asia. The book was eventually published in seven languages, an indication of the worldwide interest at that time for methods of healing considered alternative in the West.

However, it was clearly Tibetan medicine that caught the attention of visitors to the exhibition. To some extent people were drawn to the colorful paintings and sublime sculptures and their Buddhist connotations. But mostly the interest came from the realization that Tibetan medicine had likely been the most complete, codified, and learned medicine that existed prior to the development of conventional Western biomedicine. It contained the knowledge of Ayurvedic and Chinese medicine concepts, complementing them with indigenous diagnostic and therapeutic methods and practices.

Therefore, as Director of Exhibitions at the Rubin Museum of Art, it is a great pleasure to celebrate the exhibition and the publication of this book, which focus exclusively on Tibetan medicine, its theories, its practices, and its art, with stunning loans from all over the world. My thanks to our guest curator Dr. Theresia Hofer, who, after years of research on the topic led this project, which required four years of intense preparation.

The exhibition is entitled *Bodies in Balance*, which suggests that the major aim of Tibetan medicine is to heal the sick and suffering by restoring a lost balance, mentally and physically. This implies that behind the symptoms

of disease there can be a wide variety of causes for the imbalance. Tantric Buddhist healing practices may sound new-age, fantastic, or even a bit weird to Western ears, but for believers they help prevent imbalance and disease or help restore balance and cure disease. The state of the mind is as important as that of the body when healing is concerned, a holistic view that transforms the scope of diagnosis and treatment.

In this respect, there is a natural connection between Tibetan medicine and Buddhism. Since the time that converts began to actively spread the message of the Buddha, wandering monks carried medicines to cure themselves from illnesses encountered on their path. Although of primary importance was the message of spiritual salvation brought by the monks, people in remote villages regarded these itinerant ascetics who shared their medicinal herbs and potions with the needy as physical healers as well. Maintaining good health has always been one of the primary concerns of humanity. So it seems only logical that the Buddha, living as he did to help all sentient beings escape the cycle of suffering, was given the title of Master of Medicines (Bhaiṣajyaguru in Sanskrit) and became especially venerated in that form in Mahayana Buddhism. Even the Buddhist theory of the Four Noble Truths was said to be based on the Ayurvedic principles of awareness, diagnosis, prescription, and healing of diseases.

The most stunning and astonishing visual connection between medicine and Buddhism in the realm of Tibetan art is the series of seventy-nine medical paintings created in the seventeenth century, commissioned by Desi Sangye Gyatso, the regent to the Fifth Dalai Lama. Desi Sangye Gyatso also wrote a commentary on the *Four Tantras*, the foundational twelfth-century medical text. The commentary, called *Blue Beryl*, was made into a medical encyclopedia, illustrated with the commissioned paintings. Although this series of paintings has been copied ever since, it has come to us mostly in fragments, and only a few complete and even

extended sets are in existence today, with modern-day sets mostly comprising eighty paintings. While preparing the *Oriental Medicine* exhibition in Antwerp, I found in different collections several loose copies of the paintings, which were based on the oldest-known complete set, in the Mentsikhang, the traditional medical school in Lhasa. I had six of them copied by painters in that city for inclusion in the exhibition. Some of them are also in the exhibition at the Rubin Museum, although none of the Lhasa set was possible to borrow.

It was, however, a great surprise to find another complete set of the medical paintings in 2013 in the little hospital of a Tibetan medical doctor near New York. The series was

made at the same time as the six Antwerp copies by a team of painters from Amdo and was also based on the series at the Mentsikhang. With the help of the Museum's founder, Donald Rubin, the Museum managed to acquire the complete set. Eleven have been included in the exhibition, and the paintings will remain one of the museum's rare resources for visitors, students, and scholars who want to acquire a more profound knowledge of Tibetan medicine.

Jan Van Alphen
Director of Exhibitions, Collections and Research
Rubin Museum of Art

Acknowledgments

In the beginning was the deed, as Nietzsche once said. But for the past, all-consuming four years, it has been curiously difficult for me to separate word and deed, as I have worked toward the words of this publication and the act of the exhibition that it accompanies. Now that the opening of the show and the publication of this book draw close, it is time for the two projects to begin their separate lives in the wider world. It is my great pleasure to acknowledge all the help and support I have received in making them grow and blossom.

It began in Martin Brauen's office at the Museum and Department of Anthropology at the University of Zürich in the summer of 2006, aptly enough set against the backdrop of the city's botanical garden, with its beautiful, blooming lotuses, where we discovered — through Martin Saxer — a mutual interest in curating a show on Tibetan medicine. Only a few months later we made our first visits to potential lenders in Lhasa. Next I received an email from New York, where Martin Brauen was then based, asking whether I would consider curating the exhibition for the Rubin Museum of Art. His enthusiasm for the project and great collaborative spirit and enterprise were crucial input in the early phase.

The international private and institutional lenders have my sincerest gratitude for allowing us to study their collections, for sharing their stories, and finally letting their precious objects travel to the exhibition and to become a part of this publication. Although some loans could for logistical or financial reasons not be a part of the exhibition or publication, I would like to thank the concerned collectors and curators for the willingness and generosity they have shown us.

I must very particularly thank Helen Abbott, Publisher at the Rubin Museum, whose contribution to this project has been invaluable. Despite all manner of challenges that arose during our long collaboration with each other, with her team, including Neil Liebman, Deanna Lee, and Samantha Wolner, and with our thirteen contributing authors from three continents, her dedication to this project, her professionalism, and unflagging good spirits have proved an inspiration. Jessica

Baker has been a precious gem as publication assistant, tracking down image credits from all over the planet and helping with countless other matters big and small. I have deep respect and gratitude for Binocular Design's Stefanie Lew and Joseph Cho for the brilliant design of the book, and for all the editing help this project has received along the way. I am also grateful to Lorri Hagman of University of Washington Press for her interest in this project, which led the Press to become co-publisher with the Rubin Museum of Art, and to the two anonymous reviewers' for their constructive criticism and helpful suggestions.

My heartfelt thanks go to each of the essay authors for this publication, for their willingness to share in clear prose their profound understanding of so many facets of the art, science, and culture of Tibetan medicine. I also would like to thank my brother Meinrad Hofer for his companionship in our travels in Tibet, where he took a great number of the field photographs reproduced in this publication. My thanks go as well to Tom Kelly, Thomas Laird, Anet Marti, Thomas Shor, and Tashi Tsering, and the lenders and authors who have allowed us to use their photographs. Special thanks to Shane Suvikapakornkul of Serindia Publications for providing us with the high-resolution images of the Ulan Ude Tibetan medical paintings, and to Karl Debreczeny and Benedikte Lindskog for their photography in Ulaanbaatar, Mongolia.

All staff members at the Rubin Museum have my warmest appreciation for their contribution to the success of this unique exhibition. Many hours were spent in person, over Skype, and on email with Elena Pakhoutova, who worked tirelessly as the in-house curator for the show and contributed her expertise and contacts, a necessary sense of im(!)patience, and much good humor to the project. Jan Van Alphen, who took over as chief curator after Martin Brauen, generously contributed his expertise and gave his quiet yet forceful support. Patrick Sears, Executive Director of the Museum, enthusiastically led his team, expanding the scope of the Museum and this particular exhibition as it

coincides with the Rubin's tenth anniversary. It has been a great pleasure to work on the layout of the show with John Monaco, Amy Bzdak, and David Wilburn, who, despite the unusually large number of objects and the challenges of their presentation over two floors, maintained a clear vision of the needs of visitors. Thanks also go to Michelle Bennett, Head of Collections Management, Zackary Harper for his wonderful attention in handling the art objects, Kristen Muldowney for dealing with the impossible number of loans and their diverse origins, Katy Uravitch for keeping everyone focused on the details and the big picture of this complex undertaking, Tim McHenry, Marilena Christodoulou, Bill Appleton, Cynthia Guyer and their respective teams, as well as those who are no longer at the Museum — Kavie Barnes, Cate Griffin, Marcos Stafne, Tracey Friedman, and Cindy Sherling. Special thanks go to Christian Luczanits and Karl Debreczeny for their kind and collegial help in loan and publication matters.

I would also like to acknowledge the generous support of Donald and Shelley Rubin throughout the project.

A number of people who were not directly involved in the exhibition also deserve my personal gratitude. Thea Vidnes's contribution cannot fully be recounted, spanning as it does matters of the mind and heart. Without the countless shared cups of tea, her travel companionship, and moral support, this project would not have been possible. I also wish to thank A. M. Höger, Vivienne Lo, Lucy Powell, Mechthild Schindler-Hofer, Michael Stanley-Baker, Heidi Fjeld, Richard Barnett and the extended Hofer, Schindler, and Vidnes clans for all their generosity and support.

Finally, I would like to thank my Tibetan friends, colleagues, and teachers for opening to me the wonders of their worldviews and rich heritage, which has considerably and fundamentally enriched my own. I hope that this publication extends that great gift far and wide.

Theresia Hofer
Oslo, November 2013

Note to the Reader

Any work on Tibetan medicine, culture, and religion features innumerable specialist terms and concepts. Not all of them can be satisfactorily translated into English. In order to make Tibetan terms and also the often long Tibetan names of people and places readable for non-specialists, we provide approximate phonetic renderings throughout the work, following the Rubin Museum of Art's own scheme. English translations of terms are given where possible. So that specialists can still know exactly what Tibetan terms the approximate phonetic renderings refer to, we also offer a transliteration of Tibetan terms. These follow the phonetic spelling in brackets at their first occurrence and are not subsequently repeated. In transliterating terms, names, and titles we follow the Tibetan and Himalayan Library (THL) extended Wylie Transliteration system (Chandler D. et al. 2004).

As much as possible we offer short English translations for Tibetan text titles, and use phonetic renderings of author's names in the text. Again, to assist specialists with tracking down the Tibetan works and their authors, we also offer Wylie spellings of author names and text titles in the notes and in the bibliography. For the seminal Tibetan medical text *Gyushi*, the Tibetan title and its short English translation *Four Tantras* are used interchangeably.

Tibetan medical terms are briefly explained in the glossary at the end of the book.

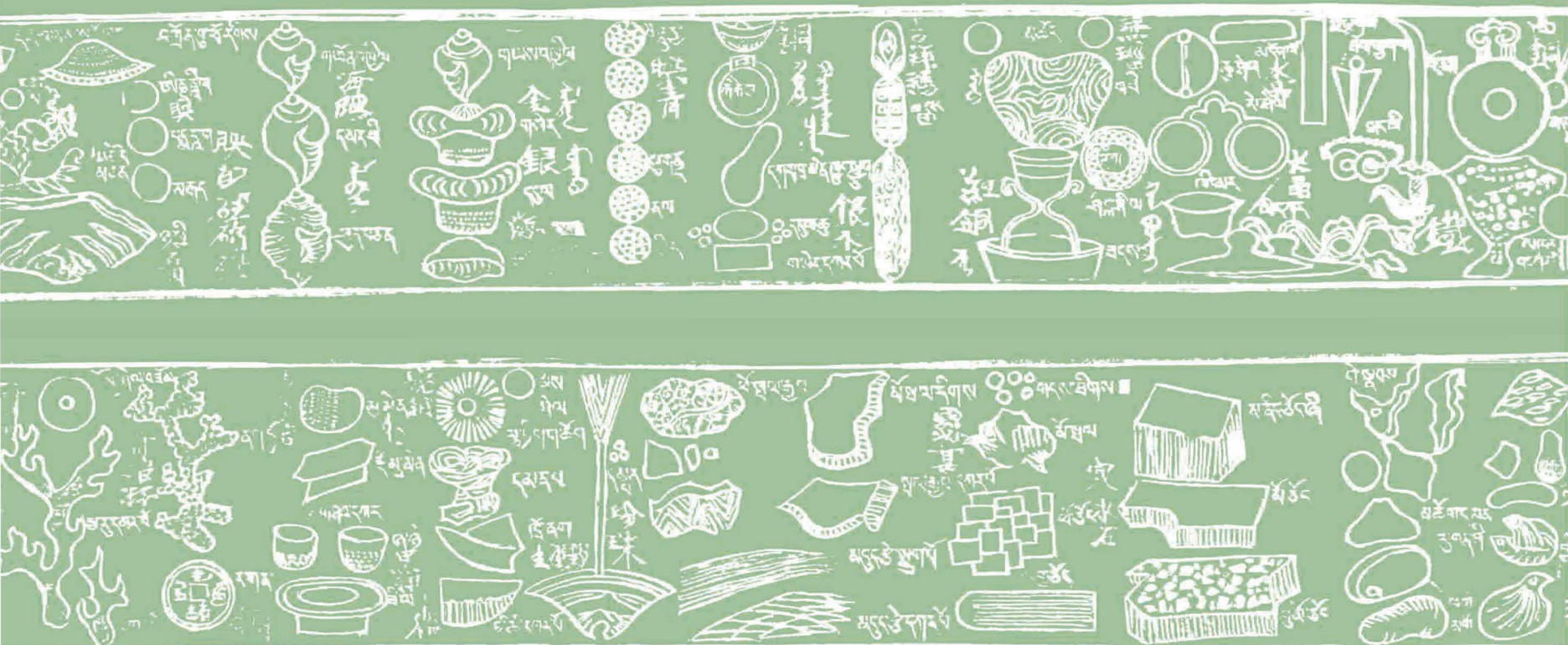
Sanskrit diacritics are used in terms and names of people throughout and according to the US Library of Congress and the American Library Association transcription scheme for Sanskrit and Prakrit (2002), except for naturalized terms found in English dictionaries.

BODIES IN BALANCE

Introduction

Tibetan Medicine, Buddhism, and the Visual Arts

Theresia Hofer



Bodies in Balance invites readers to explore the complex and fascinating world of Tibetan medicine, a highly learned and continuously evolving discipline. Our focus is on visual expressions of Sowa Rigpa (Gso ba rig pa), Tibetan for “science” or “art” of healing. Through discussions of this system’s aesthetic, intellectual, and experiential dimensions, we explore how art, medicine, and Buddhism converge in learning and practicing Tibetan medicine. In doing so, we hope to offer readers a multifaceted and beautiful way to access this tradition, drawing out the themes explored in the associated exhibition at the Rubin Museum of Art in New York and subsequent venues.¹ For those who begin their journey with this work, and for those already familiar with the subject, this book provides a variety of perspectives from which to engage with Tibetan medicine.

Just as Tibetan pharmaceuticals themselves are made of ingredients that have traveled long distances, crossed many borders, and were compounded according to different traditions, so the contributors to this volume come together from many different theoretical and geographical backgrounds. They include scholars in Tibetan and Buddhist studies, anthropology, art history, literature, and two practitioners and scholars of Tibetan medicine. Their essays represent the culmination of years spent gathering knowledge and experience and collaborating across disciplinary and political borders. And so, this publication embodies one of Tibetan medicine’s most important attributes — its rich and harmonious polyphony. Tibetan medicine’s remarkable powers of adaptation from ancient to current times are more important than ever, as we find ourselves amid rapid ecological and socio-political change.

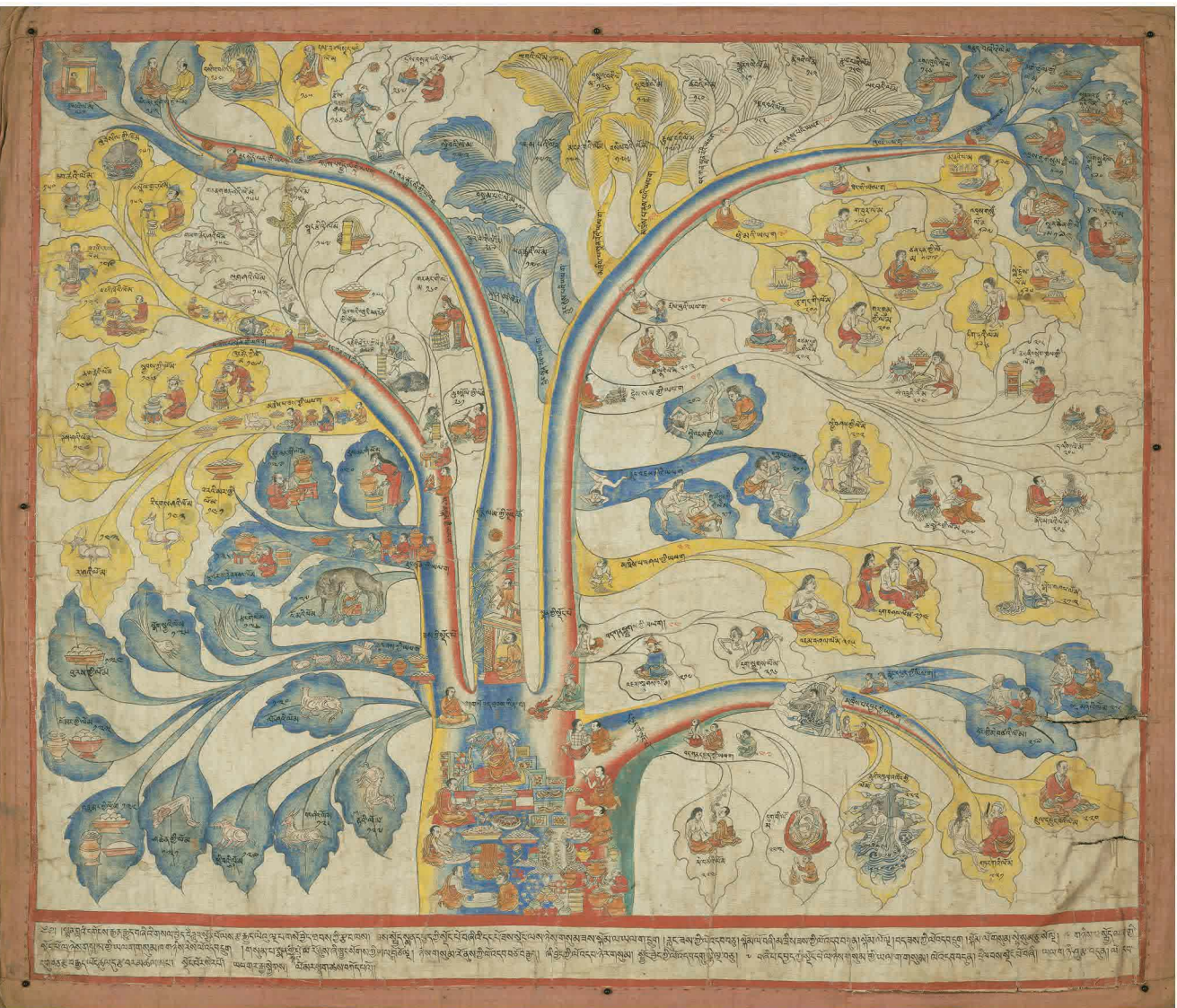
Part I of the work offers an introduction to the core theories and ideas in Tibetan medicine and related pharmacological and astrological practice. It addresses the contemporary role of Tibetan medicine in health care and the dynamic ways in which practitioners and patients have reinterpreted this highly abstract and theoretical corpus around the world. It highlights the potential of Tibetan medical ideas and substances as resources for healing, at the same time addressing frictions that arise when Tibetan medical practitioners, and their ideas and medicines, encounter other cultures and other medical systems.

Authors of the essays in this section explore how clinical, dietary, and Buddhist practices come to be learned and practiced in contemporary Tibetan medical contexts. They seek to understand how medical ideas grounded in common textual frameworks are adapted and practiced across such varying geographical, medical, and legal settings as Milan, Lhasa, Xining, northern India, New York, and Switzerland.

In chapter 1, Barbara Gerke introduces readers to Sowa Rigpa’s foundational work, the *Four Tantras* (*Gyushi*), and Tibetan medicine’s most basic principles, such as that of the three *nyepa*, often translated as the three “humors” of wind, bile, and phlegm. Through accounts of her work with contemporary Tibetan medical doctors in India, we learn how a medical consultation unfolds. What does the art of healing involve with regard to Tibetan medical diagnosis and therapy? In chapter 2, Geoffrey Samuel’s essay delves into Tibetan medical and Tibetan Buddhist ideas of body and mind. Unlike in Europe, where a Cartesian model still holds sway over medical and philosophical discourse, in which body and mind are understood to be essentially separate entities, in Tibetan traditions we find that body, speech, and mind are seen as three aspects of human existence, not rigidly dichotomized. Samuel demonstrates this through discussion of Tantric Buddhism and Tibetan imaginative maps and charts of the human body’s inner and outer cosmologies.

In chapter 3, I offer an introduction to Tibetan pharmacology and medical formulas, which are the most widely used Tibetan medical treatment, along with dietary and behavioral adjustments and external therapies (FIG. 0.1). One foundational principle is that the five elements that form body and mind are of one and the same essential quality as those found in the environment and in disease. Pharmacologists and doctors therefore sought to counteract and balance diseases in the body-mind with those of opposite elemental qualities in plant, mineral, and animal substances. I outline how such *materia medica* are compounded in one Tibetan monastery pharmacy and in one European company, exploring adaptations of Tibetan medicine’s empirical and scientific principles to contemporary requirements. Pasang Yontan Arya then describes in chapter 4 the application of a wide range of external therapies in Tibetan medicine and gives us the first preliminary account of the history of what is known as Tibetan “spoon” surgery. We learn how external applications are in part rooted in texts such as the *Four Tantras*, cultural exchanges along the Silk Road, and personal experience. Given Arya’s scholarly and practical work as a Tibetan medical doctor in India and more recently in Europe, he is able to demonstrate how early knowledge such as that of nineteen moxibustion points on a ninth-century illustration (see FIG. 4.1) are still known under the very same terms and in use today. Chapter 5 by Ronit Yoeli-Tlalim is on basic principles of Tibetan astrology and divination and their role in relation to the practice of Sowa Rigpa. The adjoining vignette by Inger Vasstveit introduces us to the work of astrologists at the Dharamsala Medicine and Astrology Institute and to lay exile Tibetans’ use of the protective

Precious Substances
from Jampal Dorje’s
*Beautiful Marvelous Eye
Ornament*. Mongolia;
19th century. Part II,
folio 6 verso & 7 recto.
Reprinted in *Śatapitaka
Series* (Vol. 82), New Delhi,
International Academy
of Indian Culture, 1971.
Tibetan Buddhist Resource
Center. W30452



0.1 Tree of Treatment. Corresponding to Plate 4 of the Tibetan medical paintings (Lhasa set). Tibet or Mongolia; 17th century. Pigments on cloth; 68.5 × 78.5 cm. Pritzker Collection, Chicago

devices and amulets they produce. Developing this theme of the geographical movement of Tibetan heritage further, Sienna Craig considers in chapter 6 the many new realities in which Tibetan medicine is now practiced around the globe. She tells several compelling stories of what happens when Americans learn to become *amchi* (Tibetan medical doctors), Buddhism and Sowa Rigpa meet capitalist market logic, and knowledgeable doctors foster the best possible outcomes for their patients' well-being.

Part II examines historical and art historical perspectives on Tibetan medicine, appraising its development in relation to Buddhism and the visual arts. Together with medicine, Buddhism and arts and crafts are important fields of knowledge among Tibet's ten Buddhist arts and sciences. Their triangular relationship is the main focus here. Three-fold

concepts are commonly found in Tibetan medical thought: medicines always have at least three ingredients; the three forces of the *nyepa* pervade the body-mind; and there are three mental poisons (desire, hatred, and delusion) that, according to the Buddha's teachings, form the root of human suffering. The linearity and segregation that informs much of European thought is at odds with what we have attempted here: understanding a range of simultaneously existing and integrated phenomena, to better appreciate the interrelated aspects of the human body and mind in health and illness.

Gyurme Dorje expounds in chapter 7 on the artistic representations and the role of the Medicine Buddha in Tibetan medical practice and Buddhist rituals. Adding to the earlier introduction of the structure and the contents of the *Four Tantras* in chapter 1, Yang Ga's essay offers a path-breaking

investigation into the sources for this early medical text in chapter 8. He traces influences from Indian, Chinese, Greco-Arabic, and indigenous Tibetan and Himalayan medical traditions in early medical works. These were brought into a Buddhist framework by its author, Yuthog Yonten Gonpo, who was a prolific lay scholar of the twelfth century. We can understand this text as an important template for the kind of cosmopolitan and complex medical system that Sowa Rigpa would continue to be. How Buddhist and medical scholars then transmitted this and other texts and developed the various traditions is discussed by Frances Garrett in chapter 9.

Casting new light on the stunning set of seventy-nine medical paintings from seventeenth-century Lhasa (FIG. 0.2), chapter 10 by Janet Gyatso explores some of their intricate details to understand what they might tell us about the relationship of medical and Buddhist ideas and practices at the time of their creation. Could it be that the medical authors and illustrators of the set challenged the Buddha's authority over the science of healing? In the adjoining vignette, Katharina Sabernig explores the didactic values of the so-called medical trees found on Plates 2, 3, and 4 of the same set of medical paintings, which illustrate three chapters of the *Four Tantras*. She explains that in the monastic medical college of Labrang in eastern Tibet, many medical trees have been reproduced as murals, explicating more chapters of the *Four Tantras* using this device. This facilitated medical study and the memorization of the first two volumes of the *Four Tantras*.

In chapter 11, we again turn to the delicate details of medical illustration — this time marveling at small *materia medica* depictions in block-printed Tibetan texts and manuscripts. How did this genre develop over time? Could the changes that we see in the classification and identification of *materia medica* be interpreted as yet another example of how Tibetan medical traditions vividly responded to new ecological environments and practitioners' encounters with new technologies and novel scientific traditions? How medical knowledge is adapted in the process of cultural and scientific encounters is also vital to Martin Saxer's discussion in chapter 12. Here we follow three generations of Tibetan medical doctors, some also trained in biomedicine, from an influential Buryatian family on their journeys westward, from the Buryatian steppes via Russia to Western Europe, bringing with them Tibetan medical ideas, recipe books, and medical techniques.

Bodies in Balance ends with a vignette on the architecture of two important Tibetan medical institutes in Lhasa, the Chagpori Medical College and the Mentsikhang. Together

with Knud Larsen, I provide detailed discussion and architectural plans alongside drawings and photographs. This contribution is offered in hopes of inspiring a possible reconstruction of Chagpori Medical College in its original location, where it was destroyed in 1959 by the Chinese People's Liberation Army. While the original Mentsikhang building fortunately survived, it is potentially at risk as we witness ongoing and dramatic destruction of the historical houses of old Lhasa. Each house tells its own story — of families, offices, temples, crafts, schools, and, in this case, the education in the art of healing throughout the twentieth century — collectively connecting contemporary Tibetans and national and international scholars to the riches of Tibet's history.

The authors of this book all engage with the texts, medicines, practices, ideas, and symbols related to Tibetan medicine and culture on a day-to-day basis. In *Bodies in Balance* they have sought to engage and inspire both general and specialist readers. In addition to bringing together the essays of scholars from distant places, we also present photographs of most objects in the exhibition, hailing from more than twenty institutional and private lenders in, among other places, Mongolia, India, Nepal, San Francisco, Paris, and London, and dating from the ninth to the twenty-first century. Among the medical paintings, drawings, murals, and sculptures, for instance, we show the earliest known Tibetan depiction of the Medicine Buddha on a silk painting, from 835 CE (FIG. 7.7). The book furthermore shows images of medical instruments, such as those that were used in surgery and medical compounding (pp. 76–83); and we include selected manuscripts, printed texts, and illustrated works as examples of the vast textual corpus of this tradition. We include photographs of objects that could not be included in the exhibition or where photographs of the original object could not be reproduced. The object images are complemented by photographs of twentieth- and twenty-first-century Tibetan medical practice taken in the field by authors and recognized photographers. Taken together, the images and the essays are intended to give readers a sense of how Tibetan medical practitioners, past and present, continue to apply this ancient and fluid medical tradition, which offers some of the most diverse and intriguing understandings of human illness and well-being.

The three core themes of *Bodies in Balance* are the practice of the Tibetan art and science of healing, its relation to Buddhism, and its visual expressions through the arts and crafts. These themes can also be seen as three ways of reading the book, or three ways to engage with Tibetan medicine.

Sowa Rigpa as a Science and a Practical Art

Sowa Rigpa can be translated as the “science of healing” or the “art of healing.” In the thirteenth century the famous scholar and religious leader Sakya Pandita codified it as one of Tibet’s ten Buddhist arts and sciences, largely in line with India’s longstanding *vidyāsthāna* (sciences/scientific fields) classification.² The ten arts and sciences consist of five major and five minor fields, with the former including the Dharma, or Buddhist teachings (the inner science), epistemology and logic, grammar, medicine (i.e., Sowa Rigpa), and the arts and crafts.³ At the time, no fundamental distinction was made between religious and scientific knowledge.⁴

Over the following centuries, Sowa Rigpa continued to develop within predominantly Buddhist milieus in Tibet, the surrounding Himalayan regions, and Mongolia and Buryatia, enabling a fruitful cross-pollination of ideas and practices among medical and religious (Buddhist) practitioners. Yet medical scholars began diverging in significant ways from Buddhist doctrines long ago, as writings and medical illustrations reveal. This development is explored in chapter 2 on the body and mind in Tibetan medicine and Tibetan Buddhism, chapter 8 on the human authorship of the *Four Tantras*, chapter 9 on the contingent relationship between medical and Buddhist scholars in the twelfth to seventeenth century, and chapter 10 on Buddhist practices and ideals in the Lhasa Tibetan medical painting set from the late seventeenth century. In Part I we see how such dynamics play out in recent times. In the process of cultural and medical exchange — which may include, for instance, demands for a simultaneous adherence to religious and empirical understandings — creative and new approaches to healing develop. The question of how newly combined theories and research methods are developed through personal, cultural, national, and economic exchanges is a field of research that has spurred significant scholarship in anthropology, science, and technology studies.⁵

Sowa Rigpa has never been a purely local phenomenon. Nor was it a system stuck in its traditional ways until some time in the early twentieth century, when it was propelled to adapt to modern concepts that, some say, caused an irreversible loss of its authenticity. On the contrary, Sowa Rigpa encompasses a vast body of knowledge, practice, and experience that is well rooted in its own scientific principles, ethical requirements, and worldwide connections — all features we tend to associate with modern Western biomedicine.

Today, Tibetan drugs can be ordered via the Internet in New York and sent from Tibet directly to friends and family members in the diaspora. They are sold over the counter in

conventional pharmacies in Switzerland and Austria and are used by the growing middle classes in China and India. Tibetan medicines and therapies still remain a crucial health resource for marginalized communities in Nepal and the Indian Himalayas and, to some extent, in Tibetan areas of China. In the United States and in other affluent countries with a high prevalence of chronic diseases, patients and public health officials take ever greater interest in what complementary and alternative medicines (CAM) have to offer. The holistic approaches to an individual’s health and disease that characterize Tibetan medicine are of particular appeal in the West. It is this adaptability and openness to dialogue and change, without the loss of its own scientific and empirical grounds, that constitute Sowa Rigpa’s most significant attributes.

Medicine and Buddhism

When we are well we may give little attention to our bodies and our health. But if one day we are struck by illness or injury, we begin to appreciate how much health really means to us, that its value exceeds almost everything else in this world. We are thankful for even the slightest step toward recovery and being back to “normal,” and for all the kindness, support, and medical skill we encounter on the way.

That life comes with sickness and suffering was declared by the Buddha as the first noble truth more than 2,500 years ago in northern India. In his first discourse after his enlightenment he set out the kinds of suffering that we all must live through: birth, aging, sickness, death, sorrow, grief, association with what is unpleasant, separation from what is pleasant, and not to get what we want — in short, all phenomena associated with the five aggregates of existence. These refer to the physical aspect of the “body” and four aspects of the “mind.” He then offered the remaining three noble truths — the cause of suffering being attachment to the five aggregates and ignorance about their impermanent nature, the cessation of suffering occurring when we let go of attachment to the aggregates through wisdom and insight, and the way that leads out of all suffering: the noble eightfold path. The eightfold path is essentially a step-by-step training of body, mind, and speech, during which one cultivates an ethical way of life, mindfulness, insight, and compassion. Its components were intended to offer a practical remedy to ever-present suffering and delusion. Despite differences in interpretation, this path is considered the foundation for Buddhist practice around the globe.

The context of these early Buddhist teachings and their focus on bodily suffering fostered Buddhists’ particular interest in medicine and healing and called for the develop-

0.2 Similes of the Human Body. Plate 6 of the Tibetan medical paintings (Ulan Ude set). Lhasa, central Tibet; early 20th century. Pigments on cloth; 86×68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia

ment of compassion toward all suffering sentient beings. The Buddha's teachings and their goal of liberation from suffering, or nirvana, became closely associated with notions of medicine and ultimate healing. Hence we find in the Pali canon, an early record of the Buddha's discourses that these teachings are referred to as "supreme medicine" and the Buddha himself as "incomparable physician."⁶

MEDICINE AND THE EARLY BUDDHIST SANGHA In the Buddhist Pali canon we also find several chapters that discuss medicine. These are mostly found in the monastic rules part of the work, referred to as Vinaya, which is one of three parts, or the so-called three baskets, of the Pali canon.⁷ In the Nissaggiya section of the work, which deals with confession of offences to monastic rules, we find that after having been consulted by a group of sick monks, the Buddha is said to have allowed the otherwise possessionless monks and nuns to carry with them for up to seven days five medicines (*bhesajjāni*): clarified butter (*ghee*), fresh butter, oil, honey, and molasses or sugar.⁸ In the same section of the Vinaya, but regarding rules on permissible foods and their offences, we find seven additional groups of *materia medica* items that the Buddha specifically allowed sick monks and nuns to take before sunrise and after midday, that is, apart from their ordinary mealtime, which is the only time they were allowed to consume solid foods.⁹ These *materia medica* include five types of animal fats, medicinal roots (including turmeric and ginger), extracts from four kinds of trees (for instance, *neem* and Indian beech), leaves of five plants (for example, the *tulsi* plant), seven different kinds of fruits (including those of the three myrobalan trees), at least two kinds of resins, and five kinds of medicinal salts (including ocean, rock, and black salt).¹⁰ Many of these items are still used medicinally in Ayurveda, the classical Indian system of medicine, and in Tibetan Sowa Rigpa.

Based on a study of the earliest Buddhist texts in the Pali language and a comparison of its medicine-related chapters with classical Indian medical works, especially Susruta's and Caraka's Sanskrit works, Kenneth G. Zysk first suggested in his landmark *Asceticism and Healing in Ancient India* that the heterodox wandering ascetics of the Buddha's time and subsequent centuries in all probability exerted great influence on the development of medical knowledge, which we subsequently find in the early texts of Ayurveda.¹¹ Zysk argued that the wandering life of early Buddhist monks and their status of not being bound by the prohibitive ritual purity requirements of contemporary Hindu cultures ensured the wide-ranging dissemination of many of their medical ideas and practices. This occurred even though the Buddha — while encouraging

his monks and nuns to have enough medical knowledge to tend to themselves and fellow clergy — did not actually allow the practice of medicine on the laity or in return for material gains.¹² Later commentaries to the earliest versions of the Vinaya mention exceptions, however.¹³ That Buddhist monks and nuns did indeed — if in subsequent centuries — care for the laity and others is evidenced in archaeological findings from India and Sri Lanka, as well as in the social history and practice of Tibetan medicine today.¹⁴

TRANSMISSION OF INDIAN BUDDHISM AND MEDICINE TO TIBET From the eighth century onward, together with the Mahayana form of Buddhism, many elements of South Asian civilization were carried across the Himalayas to the Tibetan Plateau. With texts in their bags and equipped with experiential knowledge and techniques, Indian scholars, or *pandits*, arrived in Tibet. At the same time Tibetans went to Nepal and India to study Buddhism and associated medical ideas and techniques. We know for certain that in the eleventh century the first concerted efforts were made to translate the Indian text *Heart of Medicine* by Vagbata, the *Aṣṭāṅghrdayasaṃhitā*, into Tibetan, although it is likely that Indian medical knowledge spread in Tibet long before this time through Sanskrit materials and through oral transmission. This work exerted great influence on practicing physicians in Tibet, who complemented it with indigenous knowledge, especially with locally available *materia medica*.

In addition, some Tibetan physicians had access to the knowledge of practitioners of diverse medical traditions from other neighboring regions — such as China, Central Asia, and Persia — who had come to Tibet over the preceding centuries through royal intermarriages, trade, and other kinds of exchanges and donations. Although legends throughout Tibetan medical histories refer to several regional medical conferences in Tibet, the medical texts that might have been employed and discussed at those conferences are now lost, and only later editions of some of them are available for historical scrutiny.

Among the earliest medical records in the Tibetan language is an illustration and description of nineteen moxibustion points on the body, moxibustion being a widely practiced ancient technique of burning herbs (usually of the mugwort family) on certain points on the body surface. This and one divination scroll, as well as a fine large silk painting from Dunhuang in western China are shown in chapters 4, 5, and 7 of the current publication (FIGS. 4.1, 5.9, and 7.7). The cave where these and other records were stored was sealed for a millennium, until the early twentieth century, when the materials were discovered. They constitute original evidence

0.3 Wheel of Existence. Tibet; early 20th century. Pigments on cloth; 80.3 x 57.7 cm. Rubin Museum of Art. C2004.21.1 (HAR 65356)



of some aspects of a cosmopolitan medical tradition on the borders of Tibet, which when compared to Chinese materials in the find, exhibit partial influences from medieval Chinese medical pluralism.¹⁵

In the twelfth century, such heterogeneous knowledge was more explicitly brought into the fold of Tibetan Buddhism, forming the basis for much of what we now commonly refer to as Tibetan medicine. The Tibetan medical classic *Gyushi* (*Rgyud bzhi*), or *Four Tantras*, plays a pivotal role in recording much of these early traditions. Composed by Yuthog Yonten Gonpo — Yuthogpa, as he was known — and based on the study of the multiple medical traditions and texts of his time, it also incorporated his earlier writings and experience (discussed in chapter 8). However, the work is framed as the teaching of the Medicine Buddha, who has been throughout the ages an important saintly figure to followers of Mahayana Buddhism (chapter 7). Its framing as an esoteric teaching — one given by an emanation of the historical Buddha in India, transmitted to Tibet, but concealed and only later discovered in a Tibetan monastery — has contributed to the English translation of its Tibetan title to be *Four Tantras*, in line with the denomination of other esoteric Buddhist texts as tantras. To translate the title of this work as *Four Treatises* or *Four Texts* would also be appropriate, but given the common use of the title *Four Tantras* in the wider literature, we use this English rendering in the present volume and refer to its four volumes as *Root Tantra*, *Explanatory Tantra*, *Instructional Tantra*, and *Last Tantra*.

The Medicine Buddha is seen by many Tibetan doctors and is framed in the texts themselves as the divine source of much medical knowledge. Doctors, patients, and Buddhist practitioners relate to the Medicine Buddha as a resource for healing through prayer, visualization, and ritual. For these reasons the Medicine Buddha, or Sangye Menlha (Tib. Sangs rgyas sman lha, Skt. Bhaiṣajyaguru) has been axiomatic to the practice of Tibetan medicine in lay and Buddhist medical contexts.

SHARED FOUNDATIONS OF MEDICINE AND BUDDHISM

In Tibetan medical theory the ultimate causes of all illnesses are considered to be the three mental poisons (*dugsum*) of desire, hatred, and delusion. They are also described as the root of all suffering in the Buddha's teachings. *Dugsum* are depicted at the core of the Wheel of Life, a common Tibetan iconographic depiction of the six realms of samsaric existence, where they are illustrated in the form of a snake, a cock, and a pig (FIG. 0.3). Although virtually never mentioned in a medical consultation, doctors understand these mental poisons as distant causes of the three *nyepa* of *lung* (*rlung*,

wind), *tripa* (*khris pa*, bile), and *beken* (*bad kan*, phlegm) as well as causes for their imbalances. Throughout this book we refer to the *nyepa* with their transliterated Tibetan terms, as the common English translation “humor” does not convey the full range of meanings, as further explained in chapter 1. This chapter goes on to discuss how the three *nyepa* are in turn influenced by environment, food, behavior, social factors, and medicines. In practice these *nyepa*, as well as more specific manifestations of diseases, are assessed visually through examination of a patient's physique, complexion, urine, tongue, and — crucially — via touch, when a physician feels a patient's pulse on the radial arteries of both wrists. The *nyepa* also interact with the seven bodily constituents, called *luzung dun*, and with the body's waste products. When these three aspects of the body and mind work well, the results are shown as the flowers and fruits of a tree, symbolizing health, prosperity, and longevity (FIG. 0.4).

Underlying Tibetan medicine's understanding of health and illness is the concept that all phenomena in the universe — body, environment, and medicinal substances — are made up of the five elements of water, fire, earth, air, and space. Again this is something we find in Buddhist (and Hindu) philosophy. In medical texts, certain constellations of elements in the body were described as the *nyepa* and further specified in relation to particular diseases, symptoms, and treatments. Hence Tibetan medicine has both a *nyepa*-related as well as a disease-specific approach to treatment. To balance the *nyepa* in the body, to support the function of certain body parts and organs, and to counteract diseases, remedies with opposite qualities are prescribed, as discussed in chapter 3, along with suggested behavioral and dietary changes, and in some cases use of external therapies, as discussed in chapter 4. Patients routinely combine these approaches with ritual healing, astrological consultations, and Buddhist practices — such as prayers, pilgrimage, and meditation. Patients also worship, respect, and appease the gods and spirits of the land, mountains, lakes, and other manifestations in the environment who are seen as intimately connected with well-being and sickness in the community.¹⁶

Medicine and the Visual Arts

In addition to exploring the relationship between Sowa Rigpa and Buddhism, this publication takes a close look at how medicine and Buddhism interacted with the arts and crafts, or *zo rigpa* (*bzo rig pa*). This interaction is addressed throughout the book, with particular emphasis in Part II.

Arts and crafts have always held a place of high importance in Tibetan society, for both the learned and the illiterate. *Thangkas* representing the Medicine Buddha and medicine's

human propagators, such as Yuthogpa, were widespread as their sponsorship and creation were thought to accumulate merit and alleviate suffering. Instruments and objects used by physicians to make and store medicines as well as for applying treatment were beautifully and pragmatically crafted. The wooden block prints of medical texts and the wonderful illustrations of *materia medica* manuscripts to identify medical ingredients are further examples of how medicine depends on the arts and crafts.

The most vivid interaction between physicians and artists occurred in late seventeenth-century Lhasa, when a set of seventy-nine splendid medical paintings was created under the auspices of Desi Sangye Gyatso, then Regent to the Fifth Dalai Lama.¹⁷ The set illustrates Sangye Gyatso's *Blue Beryl* commentary on the *Four Tantras*. These works constitute an artistic and medical legacy that remains to this day visually stunning and unparalleled in scope. The paintings have been copied over and over again, a few times as a whole set, and more often as a smaller set of selected paintings mainly for instructional purposes. One copy of the entire set has been published with English annotations, accompanied by translations from the *Blue Beryl*.¹⁸

Apart from serving directly to relieve suffering and cure diseases, Sowa Rigpa also provided new subject matter and

opportunities for expression by Tibetan artists. Although clearly influenced by Tibetan Buddhist art forms and iconography, in several important ways artists engaging in the medical arts could surpass the established themes of representing Buddhist deities and the holy life. Tibetan medical paintings offer glimpses into ordinary peoples' lives, showing them in health and sickness, receiving medical treatment, making love, giving birth, and dying. The Tibetan medical paintings, together with illustrated *materia medica* handbooks (in chapter 11), also serve to illuminate the environment of Tibet — its minerals, plants, and animals. Finally, we also get to see depictions of the male body's interior channels, organs, and bones. Throughout, symbols and aspects of Buddhism, though not central to the paintings, can be seen.

Toward the Futures of Sowa Rigpa

Bodies in Balance speaks of the past and the present of Tibetan medicine, its convergence with Buddhism and the visual arts. And what about the future of this rich medical tradition? Can its vitality and diversity, its adaptability and its efficacy be maintained for the decades and centuries to come?

Tibetan medical practitioners in Asia find themselves in the midst of rapid socio-economic change, their traditions globalized and thoroughly commercialized. The environment

0.4 Detail from Fig. 1.3.
Tree of Body in Health and
Illness.



on which they depend for raw materials is undergoing irreversible alteration intimately linked to global, regional, and local influences.

One of the most significant changes that has occurred over the last decade has been the development of a large-scale industry for the production of Tibetan medicines. Previously there had been a relatively limited number of medical institutions, hospitals, clinics, and colleges that produced medicine for patients in their own establishments. Patients' needs were largely met by private doctors who made their own remedies, working in small towns, in monasteries, and among agricultural and pastoral communities. There was not any sizeable for-profit production of Tibetan medicines, and clinical practice, teaching, and medical production were intentionally kept in close quarters.

While the small institutional and private producers still exist — albeit in dwindling numbers — the vast majority of Tibetan medicines, at least in Tibetan areas of China, are now produced by something close to one hundred primarily private Tibetan medicine factories. In India the majority of Tibetan pharmaceuticals are produced at the Dharamsala Men-Tsee-Khang Pharmaceutical Factory, which caters to its more than forty branch clinics as well as for-profit sales — with a small number of private *amchi* also making medicines themselves. The overall production output as well as profits of the Tibetan medicine industry in China alone has vastly increased since the mid-1990s,¹⁹ when Tibetan medicine was announced by the Chinese government as one of Tibet's three "pillar industries," alongside tourism and mining.

This development has far reaching environmental, social, and medical implications. The amount of raw materials needed to keep up production at current levels, most of which has to be harvested from the wild, is far beyond what has been picked and gathered over the previous decades. Among other things, this has resulted in an increasing number of endangered and already extinct species and in limiting local communities' and their medical practitioners' access to medical substances that were once in ready supply. Together with new requirements to meet production standards, the increasing demand for raw materials and resultant reduction of certain species has led to rising costs of Tibetan medicines in general and for rural communities especially. Tibetan and Himalayan peoples' access to good quality Tibetan medicines and to well-qualified and experienced doctors is at stake, as is the long-term health of the environments on which much Tibetan medical treatment depends.

These are all serious real-world concerns, which a senior doctor from Lhasa, Professor Wangdu, spoke about at a recent Tibetan medicine workshop: "Today, the quality of

medicines has declined and our medicinal herbs are being depleted due to the massive increase in demand arising from the development [of the Tibetan medicine industry], where short-term profit is reaped at the expense of the future. If we don't take better care now, there will be great problems ahead.... When I was small we had a little bit of even some very rare species, but at this current rate of 'development' we'll be out of ingredients in twenty years. Our Tibetan Sowa Rigpa is like a precious jewel. It needs protection for the future. If we don't pay attention now, future generations will accuse us!"²⁰

Twenty years in Sowa Rigpa's recorded history of almost a millennium is a very short time to lose the most significant therapeutic component of this healing tradition. The protection of Tibetan medical plants has to be made a high priority. This could be achieved through installation of so-called Important Plant Areas (IPAs) where regions with a high diversity of plant life are protected for future generations, together with a serious shift toward cultivation of as many species as possible.²¹ Access to plant and mineral resources needs to be newly and fairly organized so that those who have been the stewards of related medical traditions will be prioritized over short-term business and/or external political interests.

What about the future of the books, artifacts, and manuscripts related to Tibetan medicine? While a majority of the items shown in the exhibition and this publication are currently held in institutional and private collections outside of Tibet, we are aware of the number of surviving collections within Tibetan communities and institutions. Much of this heritage could be preserved only at great personal risk when the destruction of early Communist and socialist reforms swept across Tibet, Mongolia, and Buryatia. Again, only a fraction of what has survived has been catalogued, many items are in dire need of conservation, recording, and publication, which is hindered at a time when opportunities for international research collaboration with institutions and individuals in Tibetan areas of China are rare. While every effort has been made to include collections and objects from Tibet in the exhibition and publication, regrettably this was not possible to the extent hoped for. Nevertheless, it is my sincere wish that such an opportunity will arise in the near future. With new online databases, there is also potential that a greater number of Tibetan medical books and manuscripts held in private and institutional collections worldwide will be included in the study of Tibetan medicine's past and as a basis for future application.

And what of the knowledgeable people, those women and men able to transmit Tibetan medical knowledge and hands-on practice to future generations? While Tibetan

medicine is now translated across borders — there are translations of the *Four Tantras* in Russian, English, and Chinese, and Tibetan medicine is growing new roots in Europe and the United States — its future will also depend on solid education and practical experience of the young generation in the heartland of this tradition. Professor Wangdu, quoted above, is clear on this matter: “We need to study Sowa Rigpa very deeply and from those who have many years of experience. Unfortunately, every year, the number of knowledgeable and experienced doctors [still living] is becoming smaller and

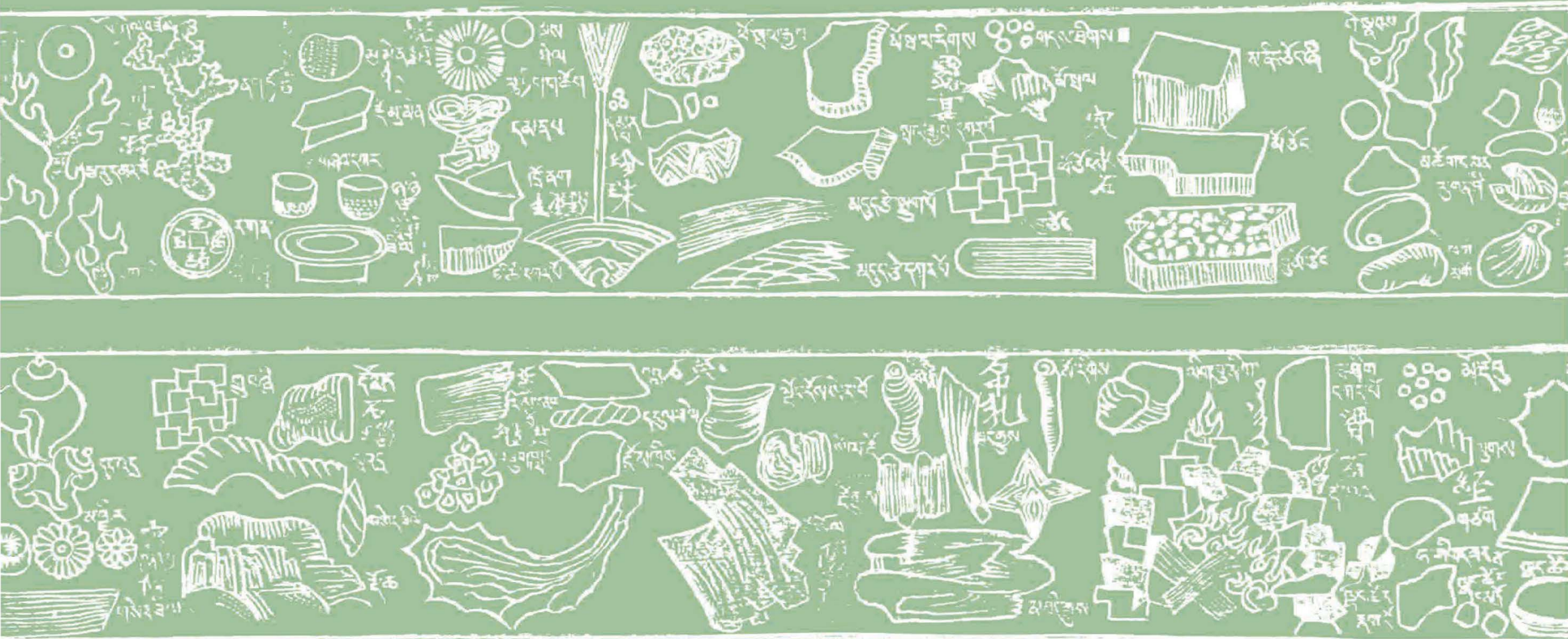
smaller.” It is essential to give students the opportunity to learn from experienced practitioners and henceforth work in environments where they can offer well-rounded, affordable, and effective care.

The processes that have just been discussed are neither unilinear, nor are their outcomes easily predictable. Rather, the trajectories of the ongoing development of Tibetan medicine and its various turning points could be understood as additional voices and harmonies in the polyphony of Tibetan medicine.

Part I

Theoretical Foundations and Practices of Tibetan Medicine

Barbara Gerke



The *Gyushi* (*Rgyud bzhi*), or *Four Tantras*, is Tibetan medicine's most enduring foundational treatise, dating back to the twelfth century. It has remained the core text for Tibetan medical doctors to this day.¹ It describes the body in its interaction with the five elements (water, fire, earth, air, and space), the three *nyepa* (humors; discussed below), and the environment. The body is seen as in constant flux between the *nyepa* and the elements, demanding an approach to health that includes dietary and behavioral adjustments and an interconnected understanding of how medicinal substances and foods within one's climatic environment affect the body within this dynamic. This chapter explores the structure and content of the *Four Tantras* and describes how the theories found in the work play out in daily medical practice and for various reasons are important in a Tibetan medical consultation.² Elements of these Tibetan medical encounters also link to broader ideas of health and well-being, including dharma practice, rituals, divination, and longevity, which are considered important aspects of health.

The Poetry of a Medical Dialogue:

Understanding the Structure of the *Four Tantras*

The four volumes of the *Four Tantras* are each unique in their content and length but share some features. They build on each other in certain respects, and medical students study them over four to five years. Each chapter is written in the form of a poetic dialogue between two sages, Rigpa Yeshe (Rig pa'i ye shes; literally, transcendental wisdom of awareness), the teacher, and Yilekye (Yid las skyed; literally, born from mind), his chief disciple, who are both considered manifestations of the Medicine Buddha (see chapter 7). Rigpa Yeshe is the manifestation of the Medicine Buddha's mind and Yilekye of his speech. Each chapter of the *Four Tantras* presents a conversation on a medical topic, with Yilekye requesting a teaching on a particular question, and Rigpa Yeshe answering in the form of a chapter. The dialogue between the two sages is embedded in a mythical story with Buddhist elements. The *Four Tantras* therefore is not only a medical but also a religious text. This involves certain religious transmissions that have been passed on — along with medical knowledge and experience — through many different lineages of teachers and disciples (see chapter 9).

The first tantra, which is known as the *Root Tantra*, relates the story of the original transmission of the *Four Tantras* in its first chapter and the beginning of the second. This event takes place in the royal palace of the mythical city of Tanadug (Lta na sdug; literally, lovely to behold), which is believed to exist in outer, inner, and secret dimensions. Tanadug is not only a geographical, outer place, one often linked to sacred

places in northern India, such as Bodh Gaya or Uddiyana in Pakistan, but also comprises inner and secret levels depending on the perception of the disciples and their ability to receive the teachings. The inner dimension of Tanadug is “the place where you are residing and you yourself are the Teacher of Medicine” and its secret level is understood to be the chakras in one's body.³ The first plate of a set of seventy-nine medical paintings, prepared under the aegis of Desi Sangye Gyatso, the regent of the Fifth Dalai Lama, depicts the sacred city of Tanadug, with the palace of the Medicine Buddha Bhaiṣajyaguru at its center, where he is seen surrounded by four types of disciples. The city itself is surrounded by a medicinal forest and four mountains with plants, minerals, and waters of particular healing qualities (see FIG. 1.1).⁴

In the mythical story of the first *Gyushi* transmission, the city of Tanadug is situated inside a mandala with four mythical mountains expanding to each of the cardinal directions. Each mountain comprises the perfect environment for particular medicinal plants to grow and harbors springs with medicinal waters and various types of minerals and precious stones, each associated with particular healing qualities. The palace at the center is made from five types of precious substances — gold, silver, white and red pearls, and aquamarine. The palace is adorned with a variety of precious gems that are able to heal the “404 diseases” of the three *nyepa*. They also pacify the “1080 types of obstacles” of desire, anger, and ignorance, cool/hot disorders and hot/cold disorders, and fulfill all needs and desires. At an auspicious time, the Medicine Buddha is surrounded inside the palace by four types of disciples — Devas, Rishis, Buddhists, and non-Buddhists. The Medicine Buddha begins to meditate. Before any of the disciples is able to ask a question, the sage Rigpa Yeshe manifests from the Buddha's heart and begins to address the disciples. Then, Yilekye, who manifests from the tongue of the Medicine Buddha, bows down before the Medicine Buddha and Rigpa Yeshe and requests the medical teachings. Through the manifestation of Rigpa Yeshe the Medicine Buddha delivers the teachings of medicine to all of the surrounding disciples, and each understands what is said according to his own system of belief. The medical teachings in the form of the *Four Tantras* are heard only by the sage Yilekye (see FIG. 1.2).

This story is beautiful in many aspects, acknowledging the different ways of perception in different religions and cultures. The Buddha is surrounded by divinities as well as people from various religious backgrounds and beliefs, all keen to study the science of healing. Nevertheless, the story takes a Buddhist turn through the ways in which the teachings are requested and received by Yilekye. This points

Stone Medicines from Jampal Dorje's *Beautiful Marvelous Eye Ornament*. Mongolia; 19th century. Part II, folio 7 recto & 8 verso. Reprinted in Śatapitaka Series (Vol. 82), New Delhi, International Academy of Indian Culture, 1971. Courtesy Tibetan Buddhist Resource Center. W30452

to a particular lineage originating from the Medicine Buddha himself, to which some Tibetan doctors still refer today when talking about the spiritual origins of the *Four Tantras*.⁵

The end of the first chapter advises those who wish to practice the science of healing according to the *Four Tantras* to first purify their body, speech, and mind of the “three mental poisons” (desire, hatred, delusion) in order to qualify as sages. This is a substantial ethical prerequisite for a medical student that cannot be achieved through textual study alone. Oral and secret instructions on medicine and related spiritual practices are traditionally part of a Tibetan medical education.⁶ The *Four Tantras*’ formal title, which translates as *The Nectar Essence of the Eight Branches of Healing: A Tantra of Secret Oral Instruction*, in itself reveals the importance given to oral and secret instructions. In the title, “oral” suggests the need for explanations by a teacher in order to understand the content of the *Four Tantras*, and “secret” refers to the secretive and selective ways of transmitting the knowledge only to chosen and qualified disciples who are expected to embody the ethics of what is considered good medical practice.⁷ Here, the motivation of a physician is considered to be most important. True to Mahāyāna Buddhist principles, the physician is encouraged to be motivated by the wish to benefit all living beings and to treat one’s patients as one’s parents. This view is based on the theory of reincarnation, where each being is said to have been one’s mother or father during a previous lifetime. Moreover, Vajrayāna meditation practices include the visualization of the Medicine Buddha. This meditation ultimately aims at achieving liberation; the practitioners identify with the Medicine Buddha and visualize merging their minds with the enlightened mind of the Medicine Buddha.

The *Four Tantras* thus cannot be read like a medical textbook by just anyone who wants to study Tibetan medicine. Its poetic text — 5,900 verses in 156 chapters — is partly encrypted and cannot be understood without explanation by qualified teachers, who ideally have received the secret oral instructions and have embodied to a certain extent the medical-religious dimensions that are described in the text.

It is a common belief in Tibetan Buddhism that knowledge, realization, and understanding can occur on various levels. This includes the idea that all knowledge can be condensed into a seed, and as such can then be extracted from the seed, depending on the realization of the individual. Not only is the sacred city of Tanadug attributed existence in several dimensions, but the medical teachings themselves can be accessed in various ways. This is also evident from the ways in which the chapters of the *Four Tantras* are structured. The entirety of medical teachings is said to be

condensed as a seed within the *Root Tantra*.⁸ This first tantra summarizes the *Four Tantras* in just six chapters, introducing the basic principles of physiology, health, and illness, as well as the main diagnostic and treatment methods. Sangye Gyatso’s commentary states that to an outstanding disciple understanding the *Root Tantra* would be enough to grasp the entire knowledge of Tibetan medicine.⁹

The structure of the *Four Tantras* aligns with a characteristic way of learning in Tibet — memorization and recitation of a root text, the meaning of which is then elaborated through instructions as well as written commentaries. In addition to the four volumes, there are five other main organizational frameworks along which the text is structured and that aid memorization: Eight Branches, Eleven Sections, Fifteen Divisions, Four Volumes, and 156 Chapters (see TABLE 1.1). Typically, Tibetan medical students spend several years memorizing at least three of the *Four Tantras*, reciting them during oral exams and writing them down from memory along with explanations during written exams.¹⁰ Often, when students are quite young, they spend several years memorizing the text before they receive teachings that impart understanding. Having the *Four Tantras* well memorized helps Tibetan physicians later in their medical practice to refer to particular illness categories and subcategories along with their possible variations more easily.

The importance of the six organizational frameworks of the *Four Tantras* is underlined by their being part of the first teaching that Rigpa Yeshe offers to Yilekye. This is in accordance with Buddhist teachings in general, which often consist of lists, suggestive of the initially oral nature of knowledge transmission in Buddhism.¹¹ The frameworks are like the basement and columns of a new house, to which walls, rooms, and furniture are added in subsequent chapters.

The Eight Branches are the most famous of these six organizational frameworks. They focus on the objects that need to be healed and also appear in the full title of the *Four Tantras* as well as in several Indian Ayurvedic texts, where they are called *aṣṭāṅgaḥṛdaya* in Sanskrit. This has made many scholars think that the *Four Tantras* is largely based on the *Aṣṭāṅgaḥṛdayasaṃhitā* (*The Heart of Medicine*), an important Ayurvedic work, but this is only partially the case.¹² In the *Four Tantras* the Eight Branches reappear as part of the Fifteen Divisions, along which the ninety-two chapters of the third tantra, known as the *Instructional Tantra*, are structured. The first eight of the Fifteen Divisions deal with the body in general, thus covering the content of the first of the Eight Branches. Divisions nine to fifteen each relate to one of the remaining seven of the Eight Branches, thus covering the most common areas of medical ailments: diseases specific

1.1 The Medicine Buddha Palace in the Sacred City of Tanadug. Plate 1 of the Tibetan medical paintings (Ulan Ude set). Lhasa, central Tibet; early 20th century. Pigments on cloth; 86 × 68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia



1.2 Decorative Edition of the *Four Tantras*. Lhasa, central Tibet; late 19th or early 20th century. Gold ink on blue paper; illustrations on the first page of each volume. Mentsikhang Library, Lhasa, central Tibet

to children or to women; diseases caused by spirits, toxic substances, or old age; diseases causing infertility; and injuries caused by weapons.

The Eleven Sections are covered in the thirty-one chapters of the second tantra, called the *Explanatory Tantra*. They mainly give an outline on the overall topics of Tibetan medicine, which includes not only the diagnosis and treatment of disease but also the prevention of illness, dietary and behavioral regimens to restore the balance between the elements and the *nyepa*, as well as a chapter on the qualities of a physician.

The Fifteen Divisions are covered in the ninety-two chapters of the *Instructional Tantra*. They detail each disease, its various cold and hot forms, and its classifications according to the three *nyepa*. Diseases are not only classified according to the Eight Branches, which are covered in the later chapters of this tantra, but have additional classification focusing on various areas of the body, different types of organs, and fevers.

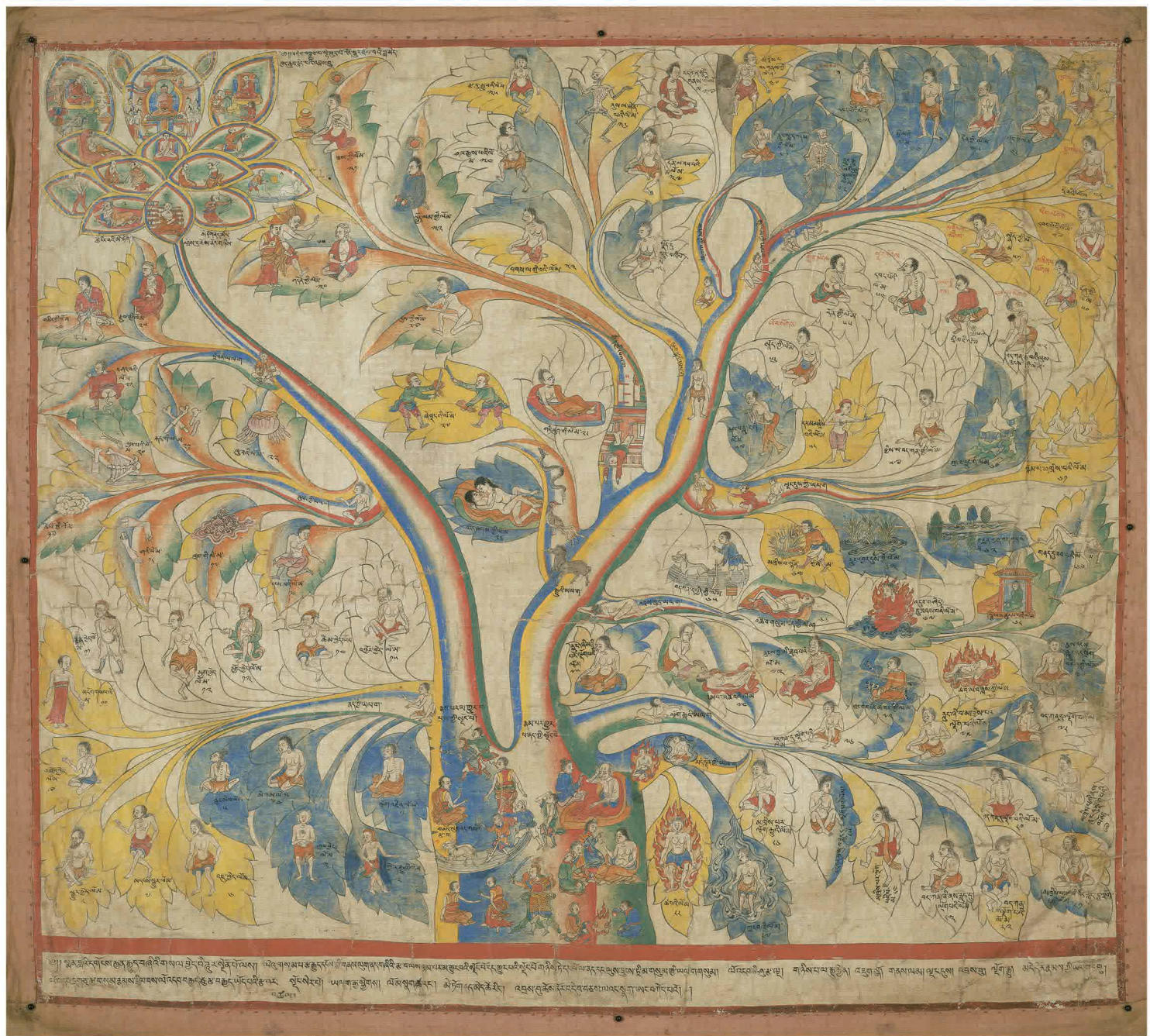
Finally, the Four Volumes cover the twenty-five chapters of the *Last Tantra*, as the fourth tantra is titled. They give a practical guide to examination and therapy, which consists of pulse and urine diagnosis, medication, and various eliminative therapies such as enema, purgation, as well as other external treatment methods. The basic structure is supported by visual images known as *dongdrem* (*sdong 'grem*s, unfolded trees). These trees are a popular visual aid used as a mnemonic device for Tibetan medical students. Each tree trunk represents a medical topic, which then matures into detail through its branches, leaves, flowers, and fruits, each of which is carefully painted and links to one of the subjects of the *Four Tantras*.

These trees demonstrate ways in which aspects of Tibetan visual arts have been applied to Tibetan medical education (see vignette 2). Briefly, the three main trees are the Tree of the Body in Health and Illness, the Tree of Diagnosis, and the Tree of Treatment, which summarize topics that are introduced in the *Root Tantra* (see FIGS. 1.3

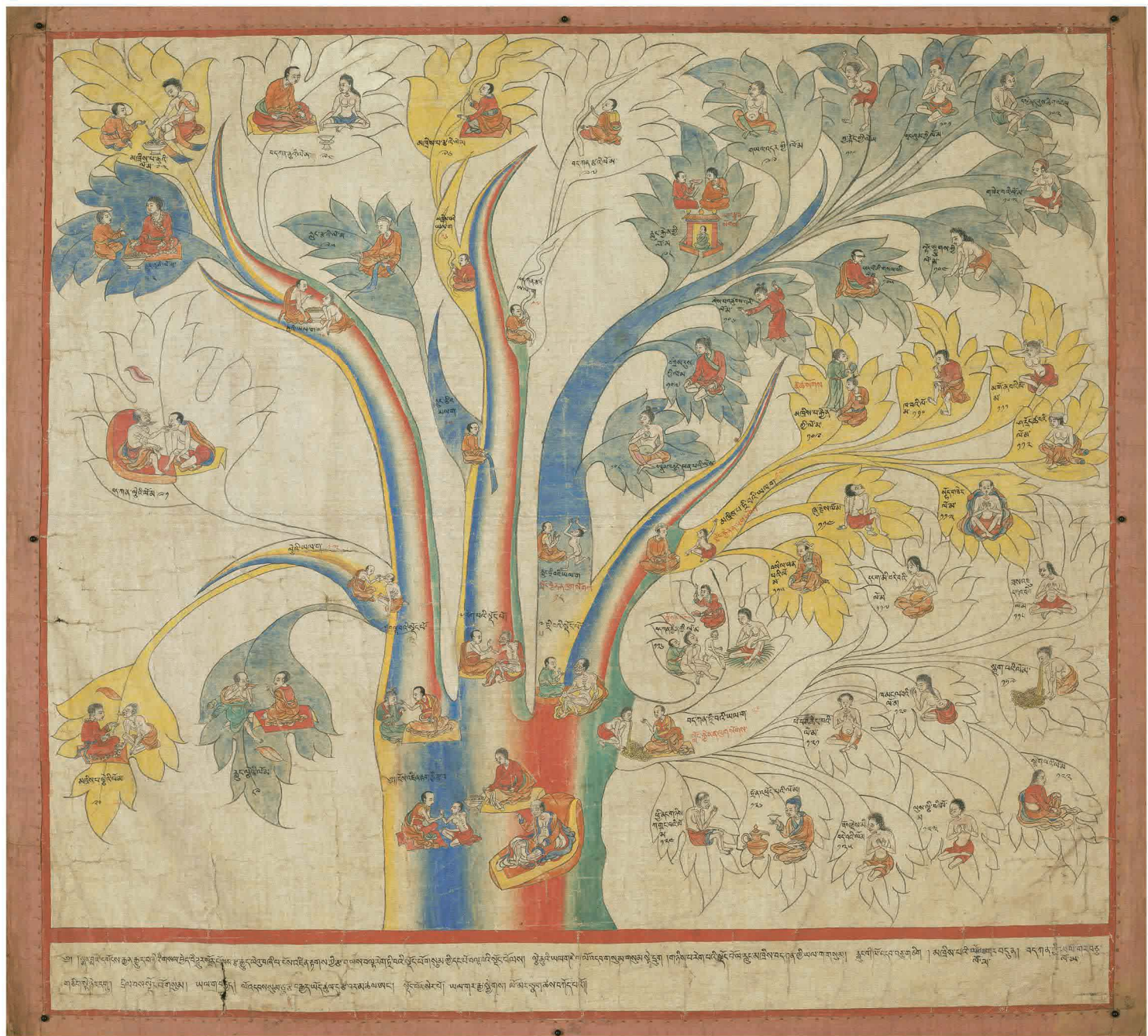
TABLE 1.1
The six organizational frameworks of the *Four Tantras*. The lists should be read vertically along the columns. Note that the 8 Branches are specifically covered in the 92 chapters of the *Oral Instruction Tantra*

The Four Tantras (Rgyud bzhi)		The 8 Branches (<i>yan lag brgyad</i>) discussed mainly in the <i>Instructional Tantra</i>	
		Diseases of the Body	70 chapters
		Children's Diseases	3 chapters
		Women's Diseases	3 chapters
		Spirit Diseases	5 chapters
		Injuries Caused by Weapons	5 chapters
		Disorders Caused by Toxic Substances	3 chapters
		Healing the Aged with Elixirs and Rejuvenation	1 chapter
		Restoring Virility and Healing Infertility	2 chapters
		The 11 Sections (<i>gnas bcu gcig</i>) discussed in 31 chapters of the <i>Explanatory Tantra</i>	
		Basic Summary	1 chapter (1)
		Formation of the Body	6 chapters (2–7)
		Diseases	5 chapters (8–12)
		Behavioral Regimens	3 chapters (13–15)
		Diet	3 chapters (16–18)
		Pharmacology	3 chapters (19–21)
		Surgical Instruments	1 chapter (22)
		Maintenance of Health	1 chapter (23)
		Diagnostic Approaches	3 chapters (24–26)
		Methods of Healing	4 chapters (27–30)
		Qualities of the Physician	1 chapter (31)
		The 15 Divisions (<i>skabs bco lnga</i>) discussed in 92 chapters of the <i>Instructional Tantra</i>	
		Requesting the Teachings	1 chapter (1)
		Healing the Three <i>nyepa</i>	4 chapters (2–5)
		Healing Abdominal Disorders	6 chapters (6–11)
		Healing Fevers	16 chapters (12–27)
		Healing Diseases of the Upper Part of the Body	6 chapters (28–33)
		Healing Diseases in Vital and Vessel Organs	8 chapters (34–41)
		Healing Disorders of the Genitals	2 chapters (42–43)
		Healing Miscellaneous Disorders	19 chapters (44–62)
		Healing Sores and Ulcerations	8 chapters (63–70)
		Healing Children's Diseases	3 chapters (71–73)
		Healing Women's Diseases	3 chapters (74–76)
		Healing Spirit Diseases	5 chapters (77–81)
		Healing Injuries Caused by Weapons	5 chapters (82–86)
		Healing Disorders Caused by Toxic Substances	3 chapters (87–89)
		Healing the Aged with Elixirs and Rejuvenation	1 chapter (90)
		Restoring Virility and Healing Infertility	2 chapters (91–92)
		The 4 Volumes (<i>mdo bzhi</i>) discussed in 25 chapters¹ of the <i>Last Tantra</i>	
		Examination of Pulse and Urine	2 chapters (1–2)
		Pacifying Medications	10 chapters (3–12)
		Eliminative Therapy	7 chapters (13–19)
		External Therapies	6 chapters (20–25)
		Concluding Chapter	1 chapter (26)
		Chapter on the Student to Whom Teachings May Be Entrusted	1 chapter (27)
		The 156 Chapters (<i>le'u</i>)	
		Covering the Principles of the <i>Root Tantra</i>	6 chapters
		Covering the 11 Sections	31 chapters
		Covering the 15 Divisions	92 chapters
		Covering the 4 Volumes	25+2 chapters

1. Note that the *Last Tantra* has an additional two chapters (26–27) that are not covered by the 4 volumes but are included in the 156 chapters.



1.3 Tree of the Body in Health and Illness. Corresponding to Plate 2 of the Tibetan medical paintings (Lhasa set). Tibet or Mongolia; 17th century. Pigments on cloth and brocade; 68.5 x 78.5 cm. Pritzker Collection, Chicago



1.4 Tree of Diagnosis. Corresponding to Plate 3 of the Tibetan medical paintings (Lhasa set). Tibet or Mongolia; 17th century. Pigments on cloth and brocade; 68.5 × 78.5 cm. Pritzker Collection, Chicago

and 1.4). The first visual illustration of these trees dates to the late seventeenth century, when the trees became a part of the set of seventy-nine medical paintings commissioned by Sangye Gyatso. Later adaptations are found throughout the Tibetan medical world in paintings, drawings, murals, and woodblock prints.

The Tree of the Body in Health and Illness has two trunks (FIG. 1.3). The first trunk summarizes the topics of healthy physiology with the various sub-types of the three *nyepa* as well as the seven bodily constituents and the three bodily waste products. The second trunk deals with all aspects of illness, beginning with the three mental poisons, the secondary causes of illness, pathways of diseases, unwholesome foods and environments, and the hot and cold nature of diseases. The first trunk, symbolizing the body in health, is the only one among this set of medical trees that gives rise to flowers and fruits. The two flowers represent the result of a healthy life: freedom from illness and long life. The three resulting fruits are spiritual accomplishment, wealth, and happiness. The Tree of Diagnosis has three trunks (FIG. 1.4), their leaves covering the topics of observing the tongue and urine; feeling the various pulses; and asking patients about symptoms and location of pain, as well as the foods that either harm or benefit them. The Tree of Treatment (FIG. 0.1) summarizes the topics of the fifth chapter of the *Root Tantra*. The four trunks of this tree refer to diet, behavior, internal medications, and external treatment. The diet and behavior trunks branch into depictions of foods, beverages, and behaviors that are beneficial for treating the three *nyepa*. The other two trunks relate to pharmacopoeia and external treatments (see chapters 3 and 4).

The leaves of these three trees with their illustrative details help students to memorize the respective chapters in the *Four Tantras*. For this reason, in various schools of Tibetan medicine, these three trees are often found drawn on classroom walls (FIG. 1.5), sketched into student notebooks, or hanging in dormitory rooms.

The Medical Body in the *Four Tantras*

In the Tibetan medical view of the body, the five elements (earth, water, fire, air, and space), three *nyepa*, seven bodily constituents, and the digestive heat are the fundamental principles of physiology. As in Ayurveda, the classical medicine of India, Tibetan medicine is not primarily based on organ-related ideas — even though five vital and six vessel organs are mentioned in the texts and shown on one of the Tibetan medical paintings. Instead emphasis is placed on a network of comprehensive balances and imbalances of physiological principles that govern not only the body but

also the external world as a whole and the specific environment of the individual.

THE THREE *NYEPA* THEORY In Asian medical traditions, the terms used for “medicine” or “medical science” principally encompass more than what is commonly meant by the same terms in the present-day West. Ayurveda, for example, literally means “knowledge of long life.” Ayurvedic practice is not limited to curing disease but includes prevention of illness and enhancement of stamina through daily behavioral and dietetic schemes. In Tibetan Sowa Rigpa, a way of healthy living consists of a mental, physical, nutritional, behavioral, spiritual, and environmental balance between the five elements and the three *nyepa*. (For a discussion of the mind and body concepts that influenced Tibetan perceptions of the body, see chapter 2).

The three *nyepa*, which have often been translated as “humors,” are very similar to the three *doṣa* of Indian physiology and cosmology, *vata*, *pitta*, and *kapha*. They have been rendered in Tibetan as *lung* (wind), *tripa* (bile), and *beken* (phlegm), respectively associated with the colors blue, yellow, and white. These broad concepts and principles cannot be pinned down by any single word in a European language, however, and the English translations, while apt, cannot be taken literally. The term “humor” literally means fluid or moisture, derives from the Latin *humor*, and is linked to Greek Galenic humoral concepts of blood, phlegm, black bile, and yellow bile and their respective sanguine, phlegmatic,

1.5 Medical trees on a classroom wall at the Men-Tsee-Khang, Dharamsala, Himachal Pradesh, India



TABLE 1.2
Brief summary of some
of the main features of
the three *nyepa*

	<i>Lung</i>	<i>Tripa</i>	<i>Beken</i>
Predominant element	wind	fire	earth and water
Nature	cold or hot	hot	cold
Main location in the body	lower part	middle part	upper part
Periods in life	old age	adulthood	childhood
Characteristics	coarse, light, cold, subtle, firm, mobile	oily, sharp, hot, light, malodorous, aperient, moist	oily, cool, heavy, blunt, smooth, firm, adhesive
Main functions	organizes all functions of movement: the blood circulation, muscular activities, digestive movements, speech, thoughts	responsible for the digestive process, for regulating body temperature, eyesight, memory, color of the blood, and skin luster	moisturizes food, lubricates joints, makes tissues soft, gives stability to the whole body, responsible for taste and sense perceptions
Characteristics of a person with a predominance	very active, talkative, likes to laugh a lot, sleeplessness	hot tempered, sharp intelligence, ambitious	gentle natured, at times lazy and dull, likes to sleep
Conditions that contribute to imbalances	bitter, light, and coarse foods; coffee and strong tea, sugar, cold drinks, fasting or missing meals; inadequate sleep, sexual and mental exhaustion, excessive talking and thinking; exposure to cold wind, staying up late at night, exposure to noise	spicy and sour foods, too much salt and oil, drinking too much alcohol, carrying heavy loads, walking and working in midday sun, long sun-baths, excessive anger, being over-ambitious and competitive, lifting heavy weights	bitter and sweet foods, eating stale food, drinking cold water, excess of raw and cold refrigerated foods and dairy products, overeating, eating before the previous meal is digested, lying on damp ground, sleeping during daytime, drinking after eating
Foods that balance excess	heavy, greasy, soft, and warm foods, mutton, meat soups, mild medicinal wines, rock salt, garlic, onion, milk	meat, curd and buttermilk products from goats and cows, cooled boiled water	warm foods, mutton, ginger, fish, honey, grains grown on dry land, flour and cooked porridge made from aged grains, hot boiled water
Emotional state of mind	desire, attachment	hatred, anger	delusion, ignorance

melancholic, and choleric temperaments. There might have been some early Greek influences on Tibetan medicine,¹³ but literal translations of the *nyepa* miss the polysemous nature of the original Tibetan terms. “Wind” as a translation of *lung*, for example, serves to denote processes in the organism that manifest themselves physically with a characteristic of wind. However, *lung*, while including the more overt sensations of wind, such as gas in the intestines or breath in the lungs, cannot be confined to these processes. All movements in the organism — including the flow of blood, thoughts, all nerve activity, and the movement of the muscles and bowels — are governed by this *nyepa*. Since using the English terms predisposes one to a narrowing of the full meaning of this *nyepa*, the Tibetan terms are preferable in this discussion.

Western patients might be puzzled at hearing that they suffer from a *lung* problem, or have too much *lung* in the heart, “hot” *tripa* in the head, or “cold” *beken* in the stomach. Most Tibetan patients have an understanding of these *nyepa*

since they are an integral part of their culture and common day-to-day expressions are often used to describe a typical *nyepa* symptom, so that a detailed explanation by a Tibetan doctor during a consultation is usually not necessary.

Each *nyepa* has five subdivisions (see the first three branches on the trunk of the body in health in FIG. 1.3), is connected with a specific location in the body and has its own function. Some of the general features of the three *nyepa* are summarized in TABLE 1.2. The three-fold divisions are often not as clearly demarcated in practice as in theory since *nyepa* imbalances can occur singly or in combination. Accordingly, signs and symptoms can vary and appear “mixed up.” From birth and when healthy, each individual also has a particular constitution that might combine two or all three *nyepa* to varying degrees. Single *nyepa* constitutions are rare.

Knowing one’s constitution and living in accord with it is conveyed by the Tibetan term for health, *troten* (*phrod bsten*, literally, to rely on what suits you). The individual is



1.6 A Tibetan doctor reading the pulse of a female patient. Ngamring County, Tibet Autonomous Region, China



1.7 A Tibetan physician feeling the pulse of a male patient. Bir, Himachal Pradesh, India

responsible for keeping a diet and daily regimen that corresponds to and suits one's elemental and *nyepa* nature. From a Western point of view, such an individualized understanding of health is usually termed “holistic,” which has attracted many Western patients to Tibetan medicine in response to their increasing dissatisfaction with the symptom-oriented medical care that they perceive as characteristic of biomedicine. Unfortunately, this focus on balance in Tibetan medicine as a “holistic” art often tends to be overemphasized.

DISTILLING AND DIGESTING The three *nyepa* are aligned with the digestive process. Chapter five of the *Explanatory Tantra* describes the physiology of the digestive process of the seven bodily constituents¹⁴ as a continuous process of refining essences from the five elements and six tastes (sweet, sour, salty, bitter, hot, astringent) taken in the form of food. According to the *Four Tantras* this digestive process takes six days and follows a sequence: the essence of food is refined through six stages from the organic food sap, or chyle, into blood, flesh, fat, bone, and bone marrow, finally becoming the male and female regenerative fluids, or *kuwa* (*khu ba*).¹⁵ The refined essence of the regenerative fluids shows in a person's radiance and is known as supreme radiance, or *dangchog* (*mdangs mchog*). The *Blue Beryl*, or *Baidūrya Ngonpo* (*Bai dū rya sngon po*), a seventeenth-century commentary to the *Four Tantras*, describes the essence of one stage in this process as being transformed entirely into the constituent of the next stage, expelling all impurities, or *nyig* (*snyigs*, such as bile, nasal discharge, ear wax, saliva, sweat,

teeth, nails, and body hairs), which are created during this distilling process.¹⁶ The driving force behind this process is the digestive heat, or *medro* (*me drod*). Therefore, digestive heat, its restoration, and promotion are given a special place in the treatment of diseases in Tibetan medicine. If the digestive heat is weak, the process of creating good bodily constituents is disturbed, and over time impurities will be accumulated that can lead to disease. Consequently, many Tibetan drugs are geared toward strengthening the digestive heat. The radiance of a person has to be understood not as an organ-related idea but as an expression of healthy bodily constituents. It becomes visible in the glowing complexion of a person and influences the quality of health, vitality, and long life.

Causation of Illness

Mental factors are given a key role in Tibetan medical tradition as the cause of disease. In the *Four Tantras*, chapter eight of the *Explanatory Tantra* describes the origins of illness. While recognizing that it is impossible to detect each and every cause for each and every disorder, the *Four Tantras* acknowledges that in the basic human condition

the general cause of all disorders is the one and only *marigpa* (*ma rig pa*) or ignorance, which does not understand the intrinsic reality of the lack of self. For instance, no matter how high the bird may soar the sky, it is never separated from its own shadow. Similarly, even though all sentient beings [might] live in health and harmony, as they

TABLE 1.3

The twelve organ pulses felt under the physician's index, middle, and ring fingers. The male patient is examined first on his right wrist, the female patient first on her left wrist. The organ pulses felt under the index finger are interchanged in male and female patients.

	Index finger of physician	Middle finger of physician	Ring finger of physician
Left wrist of patient	male patient: heart and small intestine; female patient: lungs and large intestines	spleen and stomach	left kidney and seminal vesicle/ ovaries
Right wrist of patient	male patient: lungs and large intestines; female patient: heart and small intestine	liver and gall bladder	right kidney and urinary bladder

are associated with *marigpa* it is impossible for them to be separated from disease.¹⁷

In this medical context, ignorance — not knowing the true nature of mind — eventually also leads to the disturbance of the three *nyepa* through the emotions of desire, hatred, and delusion. Feelings of desire and attachment are related to the element of air and aggravate *lung*; hatred and anger are linked to the fire element and lead to an increase of *tripa*; delusion and dullness increase the water and earth elements and therefore might cause imbalances of *beken*. Not knowing how to keep the three *nyepa* and the five elements in balance is considered a form of ignorance and is directly linked to causing illness.

The primary imbalance that leads to ill health is seen to take place in one's mind. The secondary causes are due to imbalances of one's food and behavior and climatic, spiritual, and planetary surroundings and influences. The classification of illness follows a four-fold scheme. In Tibetan medical texts, 404 diseases are mentioned: 101 are karmic diseases, which are fatal without medical and spiritual treatment; 101 are diseases caused in this lifetime and need medical treatment; 101 are caused by spirits (these diseases include many neurological diseases) and need spiritual treatment, such as rituals; and 101 are caused by inadequate diet and behavior and can be remedied without medicine, by changing food habits and lifestyle. (The numbers 101 and 404 should not be taken literally here.)

Ideally, physicians focus not only on their patients' symptoms but also on their diet, behavior, climatic exposure, emotional patterns, as well as on detecting illness in the rhythm of their pulses. This complex approach to a doctor-patient encounter could easily be considered an art, and the physicians as artists. Tibetan physicians seek to develop unusual sensitivities in their fingertips to feel and analyze the various rhythms of the pulse. They also cultivate a sensitive tongue to taste the various tastes and potencies of raw medicinal ingredients. Touch and taste are at the basis of their medical art. Mastering the perceptibility of the senses, the techniques involved, as well as their medical analysis entails training and individual perfection.

Diagnosis and Therapy

The diagnosis of illness in Tibetan medicine is approached through three methods: questioning (asking the patient), feeling (pulse diagnosis), and seeing (observing urine, tongue, eyes, and skin). These three sensory faculties require specific training and refinement in order to become tools of diagnosis.

In classical Tibetan medical texts, the pulse and urine diagnoses use the five elements identified in the Chinese tradition (water, earth, fire, wood, and iron) while the physiology of the body, the six tastes, and the foundations of pharmacology are based on the Indian tradition of the five elements (water, fire, earth, air, space). The divinatory aspects of Tibetan pulse diagnosis are not necessarily of Chinese origin, and the development of Tibetan urine analysis — which also includes divinations — has Arabic influences.¹⁸

The main diagnostic method is the feeling of the pulse (FIG. 1.6), which is described in the first chapter of the *Last Tantra*. The Tibetan term *tsa tawa* (*rtsa lta ba*), literally “feeling the pulse,” has a deeper meaning. *Tsa* is the general term for all types of channels. Some of these channels do not correspond to Western-derived anatomical ideas of veins or nerves but, for instance, also include wind channels or *tsalung* (*rtsa rlung*), which are subtle in nature and the carriers of consciousness. The verb *tawa* (*lta ba*) literally means to see, to look, or to investigate in a broad sense, yet it also describes a process of intuitive comprehension. Complex Tibetan sphygmology is mastered only through many years of practical application and experience.

The pulse is felt at the radial artery on both wrists with the physician's right index, middle, and ring fingers being placed on the left wrist and vice versa. The pulse is considered a “messenger between the physician and the disorder,” and its twelve organ pulses “beat separately without being mingled.”¹⁹ A Tibetan physician feels two different organ pulses under each finger (TABLE 1.3) and based on the pulse speed determines whether the disorder is of cold or hot nature. The *Four Tantras* carefully outlines the ideal circumstances under which the pulse should be felt for diagnosis. This is not applicable today, since patients cannot be examined “early in the morning, when the sun has risen in the sky, and the sunbeam has not fallen on the plain; when

	<i>Lung</i>	<i>Tripa</i>	<i>Beken</i>
Pulse	floating, empty, and halting	rapid, prominent, and taut	sunken, weak, and ponderous
Urine	looking like water with large bubbles	yellowish-reddish in color, tiny yellowish bubbles that disappear instantly, malodorous, much steam	whitish in color, mucous-like bubbles, little odor or steam
Tongue	red, dry, rough	yellow coating	dull, smooth, moist, with a thick coating of phlegm
Eyes	reddish sclera, dry, frequent blinking	yellowish sclera, protrusion of blood vessels in the eyes, light sensitivity	pale sclera, moist, poor eyesight
Questioning of symptoms	yawning, trembling, shifting and uncertain pains in hips and joints, mental instability, dullness of sense organs	bitter taste in the mouth, headaches, fever, post-digestive pain	indigestion, vomiting, loss of sense of taste, belching, distention of the stomach, and heaviness of body and mind, feeling cold

TABLE 1.4
Key diagnostic characteristics of pulse, urine, tongue, eyes, and other symptoms

the internal breath is not exhaled and the external cold air not inhaled; when one has not moved from one’s bed, and when one has not eaten anything.”²⁰

While not all aspects of Tibetan pulse diagnosis mentioned in the *Four Tantras* are practiced these days, it still forms the main diagnostic element of a consultation with a Tibetan physician. In addition to the organ pulses, there are seasonal, constitutional, and life-span pulses. These allow for the diagnosis of seasonal changes of *nyepa* imbalances, healthy constitutions, indications of the lifespan and difficult years in the patient’s life, as well as other divinatory and prognostic information.

Most important, however, Tibetan physicians must identify a disease according to hot and cold categories in order to determine the appropriate treatment, which is allopathic in nature — hot diseases, for example, are treated with cooling foods, medicines, and therapies, and vice versa. Tibetan physicians use the duration of their own breath while feeling the pulse to determine whether an illness is hot or cold. The *Blue Beryl* commentary explains that “the normal pulse rate is five beats during one respiratory cycle of the physician... A pulse rate of six beats and more per respiratory cycle indicates a disease of hot nature ... a pulse rate of four and lower indicates a disease of cold nature.”²¹

Tibetan urine diagnosis is described in chapter 2 of the *Last Tantra*. The first urine of the morning is said to give indications of the hot or cold nature of a disease and *nyepa* imbalances. Urine is analyzed for its smell, steam, bubbles, color, and a sediment known as *kuya* (*ku ya*). *Kuya* is formed in the production of bile and appears in the healthy urine as sediment; it increases in hot disorders and is found to be less in cold disorders.

Medical observation also includes looking at the coating of the tongue, the coloring of the sclera, and the protrusion of blood vessels in the eyes. Questioning the patient on symptoms, diet, and behavioral patterns offers further clues on *nyepa* imbalances. Key characteristics of the three diagnostic methods are summarized in Table 1.4.

A Medical Consultation

Based on this theory, people might look at Tibetan medicine as a medical system that focuses on the individual constitution and *nyepa* imbalances rather than on a disease category. This might lead to the assumption that the medical encounter itself is also an expression of individualized patient care, something many patients find missing in today’s overcrowded health-care systems. Viewing elements of Tibetan medical encounters in several contexts, however, reveals the practical relevance of the *Four Tantras* theory in contemporary medical practice.

In pre-1959 Tibet, medicine was practiced both in small-scale family traditions and in institutions that were mainly monastic, with the exception of the Lhasa Mentsikhang, which was founded in 1916 and also offered training for lay people (see vignette 3). Tibetan medicine looks quite different today, whether it is practiced in the Tibet Autonomous Region’s capital Lhasa, in Indian exile, in a Chinese town in Amdo, in eastern Tibet, or in the clinic of a Tibetan physician in New York. Global demands for Tibetan pharmaceuticals have led to mass production of Tibetan pills and powders by some of the large institutions, while small-scale pharmacies across the Himalayan belt continue to supply medicine to rural populations, Tibetan exile communities, and Tibetan doctors who are unable to manufacture their own medicines for their patients.

The Men-Tsee-Khang (Medicine and Astrology Institute) in Dharamsala is the largest manufacturer of Tibetan medicines in India. The institute itself operates through fifty branch clinics across India and Nepal, catering mainly to Indian patients, all of whom are prescribed medicines produced at the Men-Tsee-Khang and distributed at the dispensaries of the branch clinics. Depending on a clinic's location, Tibetan doctors see between fifteen and two hundred patients a day, which naturally determines the duration of each consultation, lasting from two to thirty minutes.

During a typical consultation (FIG. 1.7), the physician will feel the patient's pulses at both wrists, look at the tongue, ask key questions about symptoms and complaints, and write a prescription for various medications. Prescriptions are periodically adjusted and changed depending on pulse diagnosis and fluctuation of the *nyepa*. Most doctors keep a file or booklet for each patient to record symptoms, diagnosis, and therapies. Often the patients keep their own records since they may visit various doctors.

Pulse diagnosis remains the main diagnostic method of each medical encounter. Urine diagnosis is rarely practiced. While some doctors insist on relying entirely on their traditional diagnostic methods, many also take the patients' blood pressure and look at biomedical records. Some doctors even send their patients for blood tests to monitor, for example, the hemoglobin level, which indicates whether the Tibetan medication was successful in restoring certain blood levels.²²

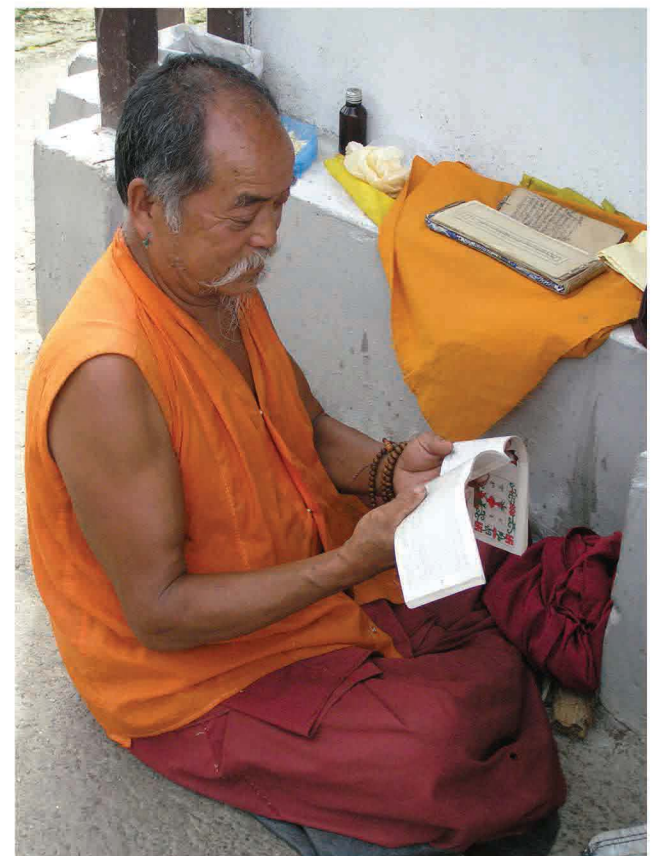
The depth of discussion during doctor-patient encounters depends on such factors as patients' interest in asking questions and whether they insist on dietary advice. Also contributory are the doctor's training and skills in Indian languages or English as well as the ability to communicate specific instructions on behavior and diet. The physician's time at hand and the cultural and medical background of patients are other factors. Whereas Asian patients often refrain from asking questions and simply accept whatever the doctor prescribes, Western patients coming to Tibetan doctors are usually keen to understand the different disease etiologies offered to them and ask for and follow dietary and at times also Buddhist religious advice. In India, patients often expect to go home with medicines rather than dietary prescriptions alone, which is probably one reason why the focus of treatment has shifted toward medication rather than balancing *nyepa* through dietary and behavioral advice. The focus varies according to country. In Western countries, where nutritional and mental counseling may be the only legal way of practicing Tibetan medicine and medications can often only be given as nutritional supplements, diet and behavioral advice naturally takes prominence in a consultation.

For severe cases, including chronic arthritis, external treatments such as moxibustion or golden needle therapy are performed — burning moxa (cones of dried artemesia leaves) on specific points on or near the skin or through a golden needle that is shallowly inserted at the top of the cranium. Cupping is also practiced widely in Asia. It is easy to perform and used to treat chronic rheumatic and arthritic disorders (see chapter 4 and FIG. 4.19). In the West, Tibetan massage, or *kunye* (*bsku mnye*) — especially beneficial for *lung* disorders — has become popular, perhaps in response to legal restraints on the import and sale of Tibetan pharmaceuticals (see chapters 4 and 6).

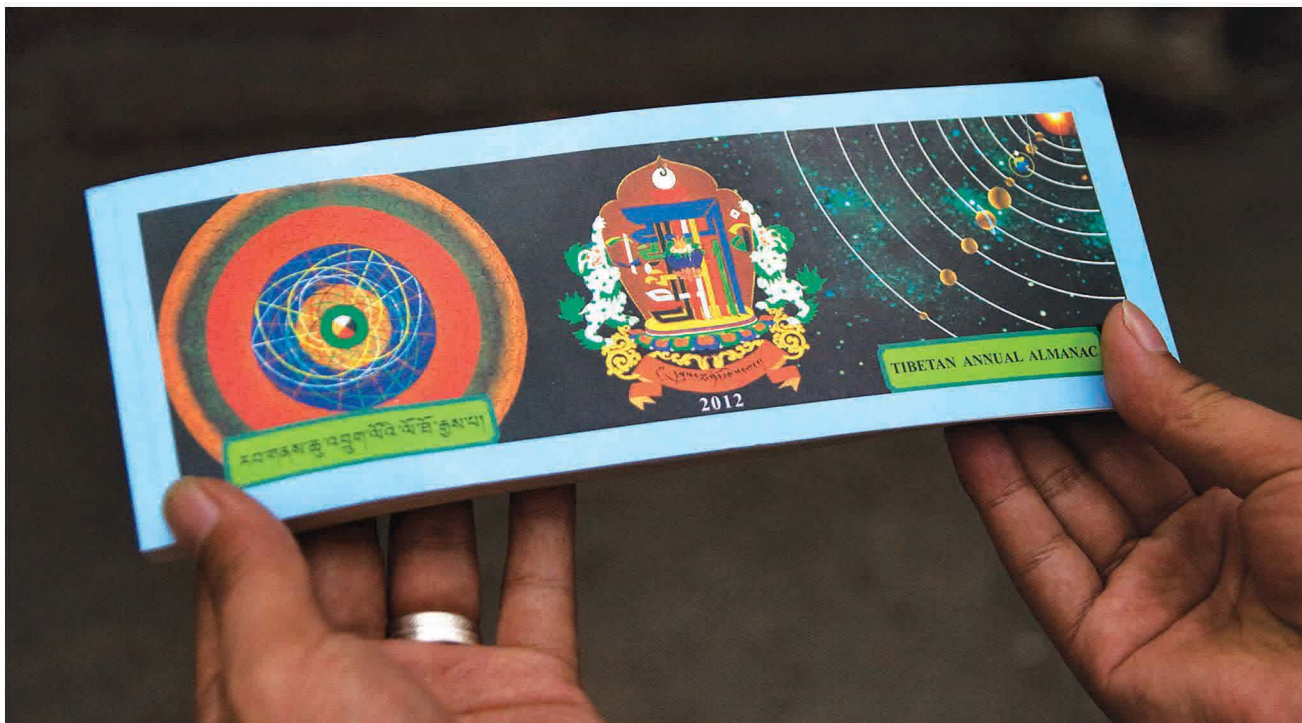
The *Last Tantra*, the fourth tantra, focuses on various therapies, many of which are no longer practiced today, although some, such as medicinal baths, herbal compresses, or medicinal steams, have recently been revived in modern hospital spa treatments and even in specialized therapeutic departments at the Lhasa Mentsikhang and the Dharamsala Men-Tsee-Khang. More invasive treatments include enemas, bloodletting, and surgical therapies, most of which are rarely practiced today (see chapter 4).

Tibetan medicine uses hundreds of different medicinal compounds that derive from plants, minerals, purified metals,

1.8 A Tibetan diviner checks astrological dates for clients in his almanac in front of a Tibetan Buddhist monastery. Kalimpong, West Bengal, India



1.9 A Tibetan almanac.
Dharamsala Men-Tsee-
Khang, Himachal Pradesh,
India



and animal products. Medicinal substances are manufactured in the form of liquids, powders, pills, pastes, medicinal butter, wine, ash, oil, and so-called precious pills. Tibetan pills are known for their bitter taste and strong fragrance. Substances are never ingested as a single-ingredient drug; rather they are compounds of at least three and up to a hundred or more ingredients. Each ingredient is selected according to its taste, hot or cold properties, and effects on the three *nyepa* and five elements.

The art of Tibetan pharmacology involves the development of the sense of taste by pharmacologists and physicians. The tongue is considered a kind of laboratory, detecting the finest nuances of six tastes (sweet, sour, salty, hot, bitter, astringent) and analyzing medicinal qualities through them. Tibetan pharmacology is so complicated that at the Dharamsala Men-Tsee-Khang, three years of additional training after medical school and many years of experience are required to become a full-fledged pharmacologist. Some of the purification methods for certain ingredients take several months and involve complicated alchemical processes (see chapter 3). The greatest hurdle when starting an independent career as a Tibetan doctor is being able to establish one's own pharmacy.

Despite being a complete medical system with its detailed diagnostic and therapeutic methods, contemporary Tibetan medical practice is embedded within a medically pluralistic and multicultural framework. Patients often use

several medical systems at the same time, combining antibiotics or other biomedical and naturopathic pharmaceuticals with Tibetan medicine, along with divinations and Tibetan Buddhist ritual healing practices to subdue spirit influences and negative karma. People also take Tibetan medicine regularly as tonics on astrologically calculated auspicious days. Many patients come to Tibetan medicine only as a last resort with chronic long-term illnesses, bringing unsuccessful medical histories including x-rays and test results that many Tibetan doctors are not trained to read. In some rural areas of ethnically Tibetan regions of China, Tibetan medicine is part of the official public health-care system, but a majority of treatment is of biomedical nature. It is difficult to describe a typical doctor-patient encounter related to Sowa Rigpa, as there is no homogenous practice of it across the diverse areas and communities in the Himalayas, on the Tibetan Plateau, and among Tibetan exile communities worldwide.

Endeavors for Health and Long Life

Tibetan concepts of the body, health, and illness do not relate exclusively to Tibetan textual knowledge of the *Four Tantras*, which is a specialized knowledge. Lay and folk ideas and practices have also influenced how Tibetan communities perceive, experience, and negotiate health and illness. Lay Tibetans rely on biomedical and Tibetan medical specialists, at the same time reckoning with the forces of karma, ideas of auspiciousness, blessing, pollution, and concerns over spirits

and demons. Disease-causing spirits, demons, and pollution, or *drib* (*grib*), have largely non-Buddhist origins but still affect the ways in which Tibetan societies conceive of health and illness. They are expressed in Buddhist terms by contemporary Tibetans. Their diagnosis and treatment often lie outside the contemporary *Four Tantras*-based medicine, even though Tibetan medical texts also mention magical spells, divinatory pulse and urine diagnoses, as well as religious means to treat illness. The diagnosis and treatment of such illnesses is carried out by diviners, astrologers, and high lamas, often involving ritual means and the intake of blessed substances. Tibetan medicine, biomedicine, religious practice, ritual healing, and divinations are deeply interrelated in this process and, despite their epistemological contradictions, do not oppose or compete with each other in practice.²³

Choosing parallel treatment schemes is often based on plural etiologies. One example describes a Tibetan civil servant in Dharamsala who chose a comprehensive treatment that would cover the three layers of what he perceived were the causes for his illness: biomedical treatment to get rid of the parasites, or *sinbu* (*srin bu*), which had affected him because of an imbalance in the three *nyepa*; the *nyepa* imbalance had to be treated with Tibetan medicine; and moreover, rituals and recitations had to be performed to annul the bad karma that had caused the *nyepa* imbalance in the first place.²⁴

The notion of the karmic origin of disease is very common in Buddhist and Hindu cultures. Karma is understood as

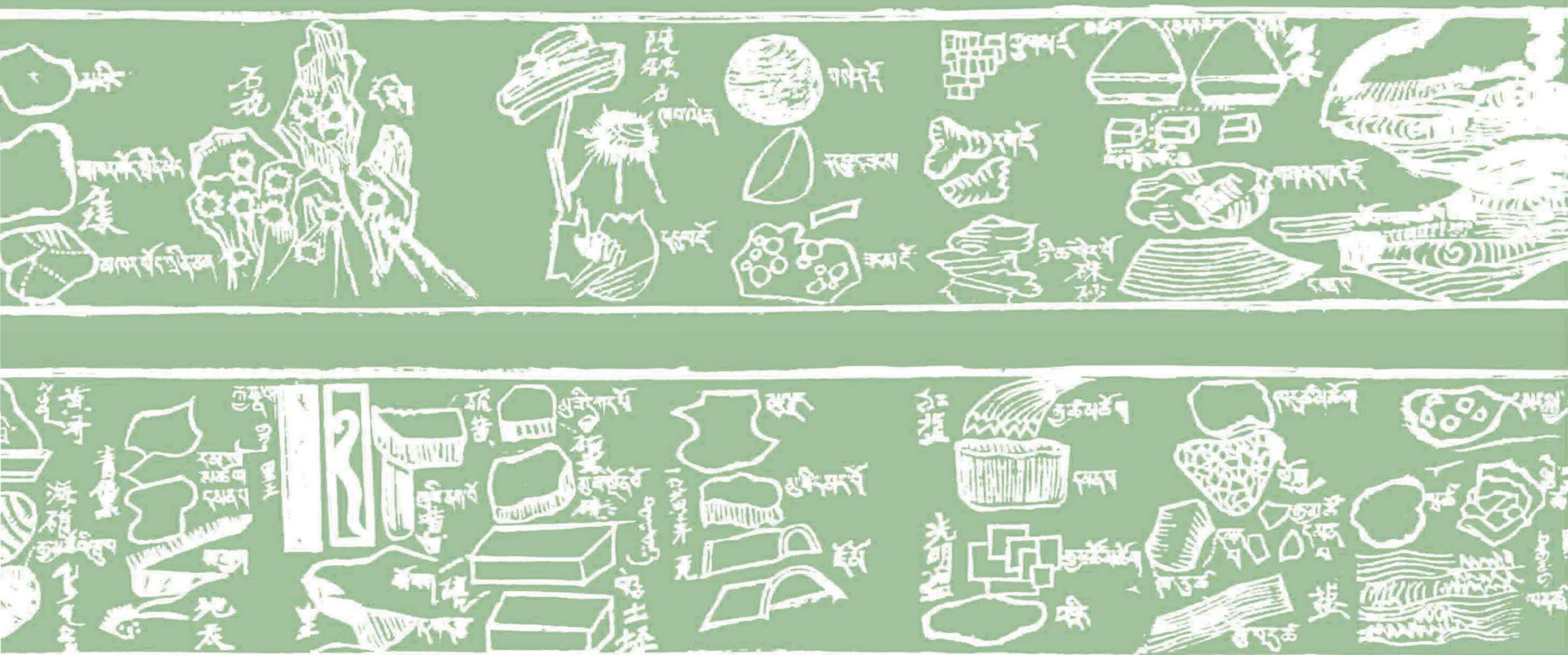
being the outcome of all actions of body, speech, and mind. In this view the individual is responsible for personal health as well as suffering, and therefore has the possibility to overcome suffering. Accepting the four noble truths in Buddhist teachings means accepting suffering as a basic human tenet and as the outcome of previous karma. Therefore, when it comes to healing a disease, Tibetans often make use of a variety of options. Health decisions are often made through divinations that would clarify very practical questions, such as whether to go to a biomedical or Tibetan medical doctor, and whether to undergo surgery. To determine the auspicious days for treatment, astrological calendars are used (FIGS. 1.8 and 1.9; see also chapter 5 and vignette 1). Tibetans know of their favorable “life-force days” and “life-essence days” and even mention them to the Tibetan physician to schedule the most auspicious day for external treatments.²⁵

When Rigpa Yeshe addressed the group of sages with the medical teachings, he said that the aim was not only to cure diseases. The medical teachings are meant for those who wish to remain healthy, live a long life, practice the dharma, free themselves from suffering, accumulate wealth, and achieve happiness.²⁶ The medical teachings of the *Four Tantras* therefore speak not only to doctors of Tibetan medicine but resonate with the needs of many people. The fascinating art of feeling the pulse and of combining many ingredients into potent medicines involve great sensitivity and experience. This is one reason for the enduring popularity of Tibetan medical traditions.

Chapter 2

Body and Mind in Tibetan Medicine and Tantric Buddhism

Geoffrey Samuel



Making sense of the Tibetan medical and Buddhist modes of understanding “body” and “mind” begins with recognizing that standard Western interpretations are largely irrelevant. The Western dichotomy is between body and mind, physical and spiritual. As articulated by the sixteenth-century philosopher René Descartes, this is a contrast between two radically different kinds of substance: *res extensa* and *res cogitans*, extended matter and thinking matter. In modern scientific terms, the physical level is generally, though by no means universally, assumed to be the significant level for any explanatory model. Consciousness is treated as somehow derived from neuronal activity but nevertheless remains distinctive and essentially unexplained.

Tibetan Tantric conceptualizations of body and mind tend by comparison to be less rigid and less dichotomized. In the Indian Tantric (Vajrayāna) context as transmitted to Tibet, there is frequent reference to the “Three Vajras” or “Three Gates,” meaning body, speech, and mind. While these imply an analysis into three components, the emphasis here is more on three aspects of a single human organism to be worked with and perfected in Tantric practice. The Vajrayāna, here as elsewhere, is more concerned with supporting the Buddhist practitioner’s onward development than with providing a conclusive structure of explanation. Thus Tantric practice engages the body through posture and through *chaggya*, or hand-movements (*phyag rgya*; Skt. *mudrā*), as well as through physical exercises and practices. Speech is involved through the recitation of mantra and liturgical text, and the mind through visualization or creative imagination and other exercises at the level of consciousness.¹ To ask exactly what falls in each category is not the point of the exercise. The human organism is a unity. It is not separate from its environment, since all aspects of the organism are part of the universal process of dependent origination, or *tendrel* (*rten’brel*; Skt. *pratītyasamutpāda*) by which all phenomena arise in dependence on each other.

“Mind” can also be a deceptive term, since it tends to privilege the cognitive and rational aspects of consciousness. The English word “mind” does not map closely onto any single Sanskrit or Tibetan word. Mind in the triad of body, speech, and mind is in Tibetan *yid* (*vid*) or its honorific *thug* (*thugs*), corresponding to Sanskrit *manas*. Like the other common Tibetan word for mind, *sem* (*sems*; Skt. *citta*), *yid* includes volitions (intentions) and emotions as well as reasoning and perception. In the context of Tantric practice, the volitional aspect is probably the most central. For this reason, the translation “heart-mind” has sometimes been proposed. Whatever the virtues of that suggestion, it reminds us that we are not concerned purely with mind as a cognitive process.

Yid, *thug*, and *sem* also overlap with another term, “*namshe*” (*rnam shes*; Skt. *vijñāna*). This term is usually translated into English as “consciousness” and represents the aspect of the human organism that continues between one life and the next, carrying the karmic impressions of one life on to the following one.

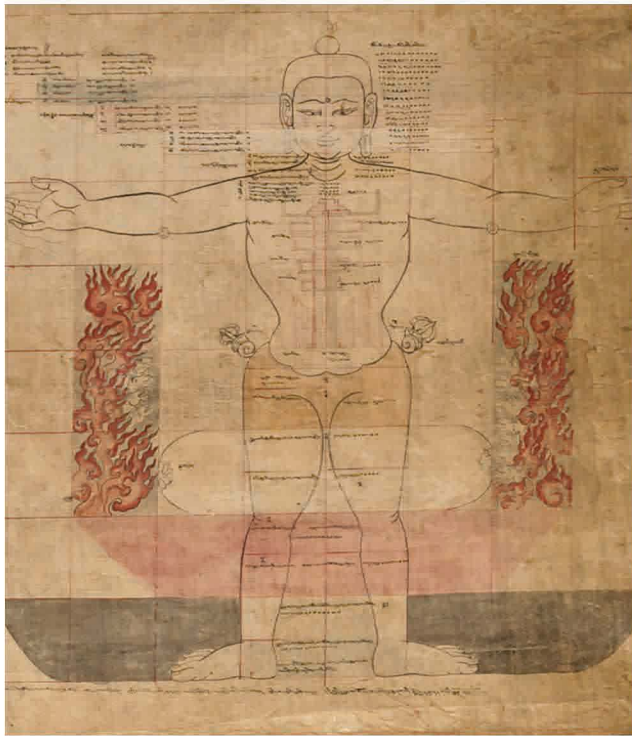
In the context of a functioning human organism, Tibetan Tantric practice is again more concerned with the inter-relationship between heart-mind, or consciousness, and the material level than with analyzing them separately. It is taken for granted that the relationships between them mean that a form of spiritual practice that works at both levels (or all three, if speech is included as a separate level) is likely to be more effective than one that operates only at one level. Much Tantric practice involves the assumption of flows and connections between the practitioner and the wider environment, often visualized and experienced in the transfigured form of the Tantric mandala. Thus in the context of Tibetan Buddhism, we are generally better off thinking of a unified mind-body field, within which various levels and aspects can be distinguished in a relative and provisional way only and which is again separated from its wider context only in a relative and provisional way. When the practitioner visualizes himself or herself, in a sequence that forms part of most Tantric practices, as a Tantric deity at the center of a mandala, the aim is to become one with an enlightened form that transcends the mind-body field of the individual and is in a sense an aspect of ultimate reality.

Channels and *Cakra*: The Subtle Body in Tantra

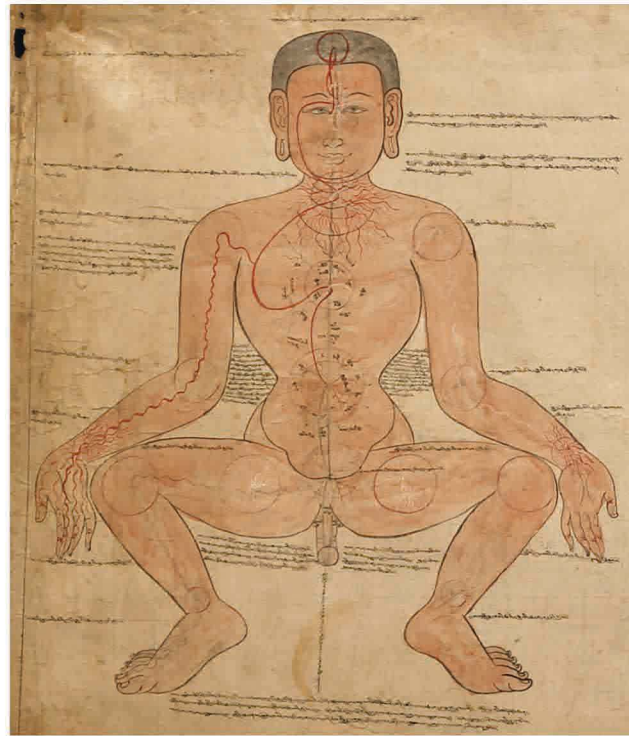
Within that mind-body field, the so-called subtle body has an important place as a way of grasping and operating with the connections between the physical level and that of mind or consciousness. The term “subtle body” is used here in a general sense to cover the idea of a level of presence and structure within the human organism that is thought of as being beyond the immediately material and physiological, not immediately perceptible to an external observer, but in some sense between the level of physical materiality and that of consciousness. A variety of such concepts exist in Asian religious traditions and Western occult and esoteric traditions. The version of these ideas employed by the Tibetans again derives from the Indian Vajrayāna tradition. The subtle body has similarities to the speech level in the triad of body, speech, and mind, in that it is posited as being in some way intermediate between mind and body.

Properly speaking, the term “subtle body” originated as a translation of the Sanskrit name for one of these concepts, the *sūkṣmaśarīra* of Vedānta philosophy. In its later usage, this

Earth and Soil Medicines
from Jampal Dorje’s
*Beautiful Marvelous Eye
Ornament*. Mongolia;
19th century. Part II,
folio 8 recto & 8 verso.
Reprinted in Śatapitaka
Series (Vol. 82), New Delhi,
International Academy
of Indian Culture, 1971.
Tibetan Buddhist Resource
Center. W30452



2.1 Detail from Fig. 5.6, side A. The subtle body according to the Buddhist Kālacakra system, showing the system of *nāḍī*.



2.2 Detail of Fig. 5.6, side B. The subtle body according to the Buddhist Kālacakra system, showing the six main *cakras*.

is really a Western term, popularized by the Theosophical Society from the late nineteenth century onward and progressively extended from its original Vedantic referent to cover a variety of related concepts in Indian and other contexts. In the absence of a better general term, it has been retained here.² The subtle body with which we are concerned here is somewhat different from the Vedantic *sūkṣmaśarīra*. It is the internal structure of *tsa* (*rtsa*, channels; Skt. *nāḍī*), *khoro* (*'khor lo*, wheels or junction points; Skt. *cakra*), and inner flows that form part of the vision of the human organism in Buddhist Tantra (Vajrayana), which are also shared in part with the related Indian tradition of Śaiva Tantra. The most common Tibetan term is *tsalung*, sometimes *tsalung thigle* (*rtsa rlung thig le*), where *thigle* (*thig le*; Skt. *bindu*) refers to various essences or concentrations of the flow through the channels, including the creative essences or inner correlates to the male and female sexual substances (semen and menstrual blood).

The Śaiva and Buddhist versions of this subtle internal structure are basically similar. (Here I will keep to the Sanskrit nomenclature.) A major channel (called *suṣumnā* in the Śaiva tradition, *avadhūtī*, or simply the central channel, *madhyama-nāḍī* by the Buddhist tradition) goes up the center of the body, along the spinal column. Two other principal channels — called *lalanā* and *rasanā* by the Buddhists, *iḍā* and *piṅgala* in the Śaiva tradition³ — corresponding to sun and

moon, male and female, spiral around it, meeting it at a series of wheel-like nexuses or points of connection. These are the *cakra*; the Tibetan term is *khoro*. A large number of other channels radiate out from the *cakra* and are generally thought of as suffusing the entire body.

The number of *cakra*, although usually recognized as seven in modern Western and many modern Hindu versions of this system, is quite variable. The Buddhist Tantras mostly used four or five, but more than seven may also be found. The *cakra* are also significant in that the outer channels meet and form knots or obstructions (*granthi*) at these places, which block the free flow through the channels, thus blocking consciousness from attaining higher levels of insight. One aim of Tantric yoga is to untangle these knots so that free flow can take place through the channels.⁴

The *cakra* and *nāḍī* according to the Buddhist Kālacakra system are shown in Figures 2.1 and 2.2.⁵ The red and white side channels are on either side of the blue-green central channel (FIG. 2.1), with various subsidiary channels radiating from them. The six main *cakra* and various subsidiary *cakra* are shown as colored circles (FIG. 2.2), with numerous *nāḍī* radiating out from them. An Indian depiction of the *cakra* from the Śaiva tradition (FIG. 2.3) also shows the central and the two outer channels, here drawn in white, and a series of lotuses for the *cakra*, each with its own presiding deity drawn at its center. In another Tibetan depiction of the *cakra*

2.3 Tantrika Painting.
India. Gouache on paper,
22 x 34 cm. Wellcome
Library, London. MS
INDIC ̢511.

The *cakra* and *nāḍī*
in the Śaiva tradition

(FIG. 2.4), Buddhist (the form of the head and ears, the *vajras* on rear) and Hindu (snake, swastika) features are evident.⁶

The origin of these concepts within Indic traditions is not entirely clear. The *Taittiriya Upaniṣad*, which perhaps dates from the fourth or fifth century BCE, appears to describe a central channel through the body and the possibility of movement outward from it in different directions. Others among the earlier Upaniṣadic texts refer to similar ideas⁷ and in some, from around the first century BCE, the idea of various bodily winds or breaths (*prāṇa*) is presented. These are usually enumerated as five and given responsibility for various bodily functions, such as inhalation, exhalation, distribution of breath within the body, digestion, and excretion.⁸ The *cakra*, however, are not clearly in evidence in this material.⁹ A series of *cakra* may be hinted at in Book III of the *Yogasūtra*, perhaps dating from the second or third century CE,¹⁰ though the aphoristic and condensed style of the *Yogasūtra* makes it hard to be sure.

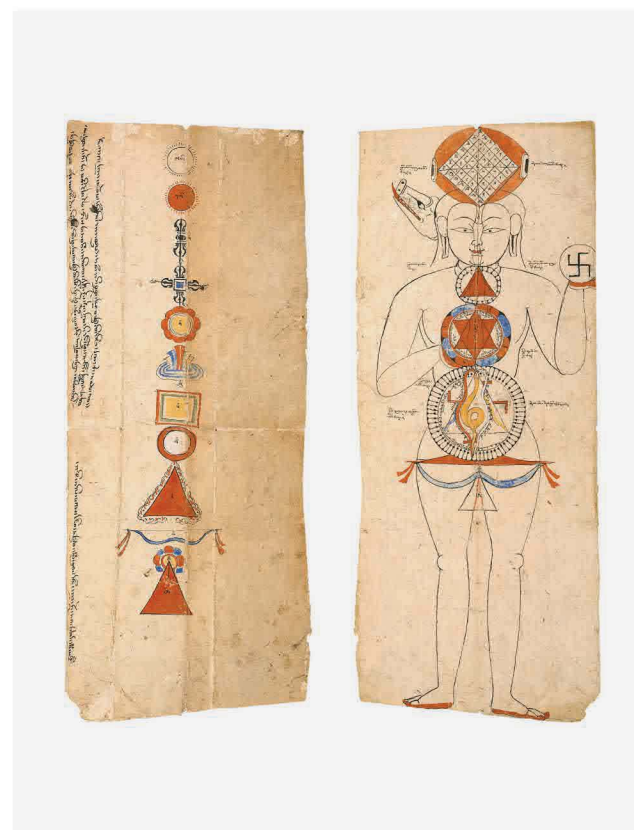
The *cakra* system does not appear explicitly in Indian material until the eighth and ninth centuries, when it is found in both Buddhist and Śaiva texts.¹¹ While much of the system is clearly Indian in vocabulary and mode of expression, there is also the possibility of influence from China, where similar exercises based on internal circulation through a series of channels are evidenced as early as the second century BCE.

Within the Vajrayāna tradition, the subtle body, as the intermediate structure between mind and body, is closely related to speech in part via its intimate connection to the breath. The quasi-material substance that flows through the channels and *cakra* (*tsa* and *khoro*) of the subtle body is an internal correlate of the breath or *lung* (*rlung*; Skt. *prāṇa*). The flow of *lung* is commonly described as the horse or vehicle on which mind or consciousness rides. This implies the importance of controlling and regulating *lung/prāṇa*, or inner wind, if one is to be able to direct and control mind or consciousness. A tradition of exercises known as *trulkhor* ('*khru*l '*khor* or '*phru*l '*khor*), combining both physical movements and breathing, developed in Tibet to assist in this purpose and now exists in a number of different Tantric lineages.¹² Two versions of these exercises have been taught in recent years outside Tibet by the Tibetan Buddhist lama Chögyal Namkhai Norbu Rinpoche¹³ and the Bonpo teacher Geshe Tenzin Wangyal Rinpoche.¹⁴ A version of these exercises is depicted in the early eighteenth-century murals of the Lukhang (Klu khang) Temple in Lhasa (see FIG. 2.5).¹⁵

The internal flows of *lung* are thought of as closely related to physical breathing. Equally, when the flow of *lung* is disturbed, this can lead to disturbances in consciousness. Much that falls into the domain of psychiatric medicine in the West



2.4 Two Early Tibetan
Ritual Diagrams for
Cakra Meditations.
Guge, western Tibet;
11th century. Color on
paper, 80 x 30 cm. Pritzker
Collection, Chicago





2.5 *Trulkhor* Exercises. Lukhang (Klu khang) Temple, Lhasa, central Tibet; 18th century. Photograph of north wall mural. Photograph: Copyright, 2013, Thomas Laird

may be considered a disorder of *lung* in the Tibetan context, and this is particularly true for disorders arising from carrying out Tantric practice in an unbalanced and incorrect way.¹⁶

Channels, *Prāṇa*, Buddhahood, Death, and Rebirth

Thus working with the *tsalung* — channels and inner wind — of the subtle body is a key component of Vajrayana practice. The progress toward buddhahood equates with the concentration of the essence of *lung*, the male and female *thigle* into the central channel in the course of Tantric practice.

Both men's and women's bodies contain both male and female *thigle*, which are further associated with *bodhicitta*, the compassionate motivation to free all beings from suffering that is the essential motivating force behind the attainment of buddhahood. Here again emotion, volition, and cognition merge into a single set of integrated concepts. Birth and death are also linked with specific processes within the system of channels and wind. The subtle body thus provides a central model within Tibetan Buddhism and the related Bon tradition for understanding the relationship between body and mind, the processes of birth, life, and death, and the progress toward the central Buddhist goal of buddhahood, *bodhi*, or awakening.

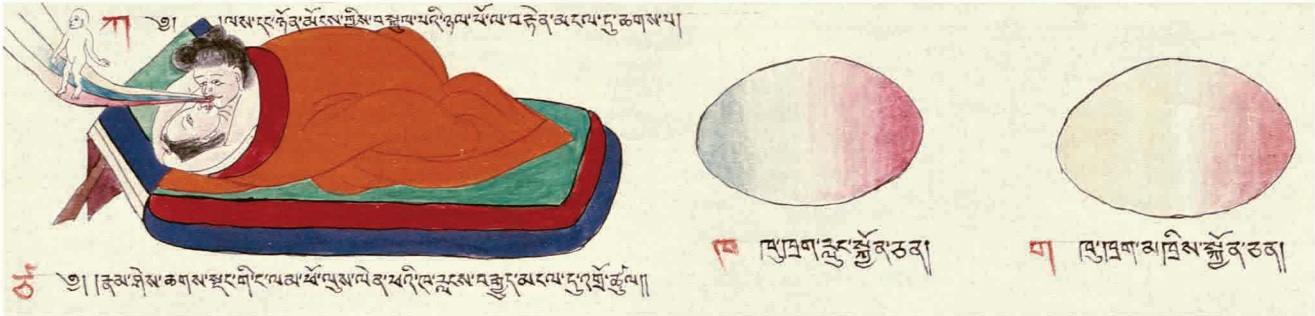
Thus at the time of dying, the inner *lung* associated with the four elements — earth, water, fire, and air — dissolve in turn. Earth here refers to the hard and solid aspects of the human organism, such as bone; water to the fluid components; fire to inner processes such as digestion; and air to the system of inner winds or *lung* as a whole. As this process takes place, the various kinds of sense consciousness associated with each element also cease to function, since their supporting winds are no longer present, and the corresponding sensory capacities and forms of awareness are also lost. The eight stages of dissolution are illustrated in one plate of a set of medical paintings (FIGS. 2.6 and 2.9) that was first produced in Lhasa in the late seventeenth century (hereafter referred to as the Lhasa medical paintings), under the direction of Desi Sangye Gyatso (Sde srid Sangs rgyas rgya mtsho), who was also the author of the *Blue Beryl*, or *Baidurya Ngonpo* (*Baidurya sngon po*), the best-known commentary on the *Gyushi*, or *Four Tantras*, and other medical writings. At the Fifth Dalai Lama's initiative, Sangye Gyatso founded the medical college of Chagpori (Lcags po ri).

These four initial stages of dissolution are followed by four further stages of dissolution. The winds from the left and right channels progressively dissolve into the central channel

2.6 Detail from Fig. 2.9.
The Eight Stages of
Dissolution at Death.



2.7 Detail from Fig. 2.10.
The *bardo*-being merging
into the sexual substances
of the future father and
mother during intercourse.



2.8 Detail from Fig. 2.10.
On the proper circum-
stances around birth,
such as the cutting of the
umbilical cord and the
birthing position.



Next spread:

2.9 Auspicious Dreams
and Signs of Impending
Death. Plate 18 of the
Tibetan medical paintings
(Ulan Ude set). Lhasa,
central Tibet; early 20th
century. Pigments on
cloth; 86 × 68 cm. National
Museum of the Republic
of Buryatia, Ulan Ude.
Photograph courtesy of
Serindia

2.10 Human Embryology.
Plate 5 of the Tibetan
medical paintings (Ulan
Ude set). Lhasa, central
Tibet; early 20th century.
Pigments on cloth;
86 × 68 cm. National
Museum of the Republic
of Buryatia, Ulan Ude.
Photograph courtesy
of Serindia

and eventually into the subtle life-bearing wind at the heart center supporting the subtle consciousness that continues from one life to the next. This final stage is associated with a vision of emptiness, the mind of clear light, which is also an opportunity for the attainment of buddhahood. Normally, though, the consciousness takes involuntary rebirth in the form of a *bardo*-being (*bar do*), an intermediate state that lasts for the period (traditionally forty-nine days) until it is reborn, again involuntarily, into a human body or other form of existence (such as an animal, god, or hell-being) within the six realms of *saṃsāra* (FIG. 0.3).¹⁷ The eight stages of dissolution also take place during deep sleep, dreaming, and orgasm, although not in complete form. Buddhist meditators attempt to replicate this process of dissolution through meditation, to gain control over it before their actual death.

At the time of conception as a human or other life form, the *bardo*-being is attracted to the copulating parents of the future child. As the sexual substances of the future father

and mother merge, the *bardo*-being also merges into them, and this compound of three factors, male and female sexual substances and transmigrating consciousness, develops into the future embryo.¹⁸ This can be seen in the first scene of the embryology painting (FIGS. 2.7 and 2.10).

The structure of the subtle body is central to the ritual procedures of Tantric Buddhism. This is most obviously true in the so-called completion stage, or *dzogrim* (*rdzogs rim*), practices of the highest Tantra class of the New Tantra System (Bla na med pa'i rnal 'byor rgyud; Skt. Anuttarayogatantra) and their equivalents in the Old Tantra System, practices aimed directly at the attainment of buddhahood. The same structure, however, is equally assumed in ritual practices aimed at more worldly goals. The longevity attainment practices, or *tsedrub* (*tshe sgrub*), for example, are common to all Tibetan Buddhist traditions (FIG. 2.11, Nyingma tradition).¹⁹ Such practices involve the emanation of the visualized world of the deities and the



७७। । अथ भूतानाम् अथ भूतानाम् अथ भूतानाम् अथ भूतानाम् अथ भूतानाम्
अथ भूतानाम् अथ भूतानाम् अथ भूतानाम् अथ भूतानाम् अथ भूतानाम्

[illegible]

Tantric mandala from seed-syllables imagined at specific points in the subtle body (most often at the heart-center *cakra*, though other *cakra* may also be involved), and a variety of other elements that are premised on the structure of the subtle body.

Buddhist and Medical Subtle Bodies: Efficacy and Empiricism

The stages of dissolution and the associated rituals suggest some of the relevance of the subtle body to medical concerns. The subtle body is integral to the ways in which birth and death are understood. Imbalances within the subtle body can also lead to wider disorders in the organism, particularly certain kinds of psychiatric illness. The physical and internal *trulkhor* exercises are premised on the subtle body, as are the Tantric health-giving practices of longevity attainment. Thus the subtle body is to a certain degree a common property between the specifically Buddhist literature, which is aimed at buddhahood, and the medical literature, which is aimed at healing what biomedicine would regard as physical and psychological ailments of the human organism.

In Buddhist India, and later in Tibet, religious and medical literature developed for the most part separately, although parallel to each other. Buddhist religious thought and medicine shared basic interests in and concerns with the fundamental processes of human life, including birth, death, health, and illness. In part at least, as has been pointed out in the area of embryology,²⁰ they shared a common body of knowledge in relation to these aspects of human existence, and their discussions overlapped significantly at times.

Nevertheless, the two different literatures have different orientations. The *Four Tantras*, the fundamental text of the Tibetan medical tradition today (see chapter 1), may be nominally presented in the form of a Buddhist tantra. The contents, however, are not a religious text but a practical guide to healing and borrow extensively from other medical texts and traditions that are not primarily Buddhist in their fundamental orientation (see chapter 8). Thus the internal structure of the body for medical authorities is quite different from that which underlies Tantric practice. The Lhasa medical paintings largely attempt to give as accurate a description of the body as possible. Sangye Gyatso himself records how the artists involved in creating these paintings based their work on observation of real corpses (FIG. 2.12); the many plant illustrations also derived from observation of actual specimens (see chapters 10 and 11).²¹

This practical emphasis was part of an ongoing orientation within Tibetan medicine. As in the case of the Chinese medical tradition,²² the Tibetan medical tradition had both a

systematic and a practical side.²³ Tibetan medical scholars aimed to systematize the understanding of how medicine and healing operated and to develop effective treatments. They based their writings largely on their own experience in clinical practice, a form of *nyamyig* (*nyams yig*, writing from experience), rather than simply on their understanding of the *Four Tantras* or other texts.²⁴ Scholars' texts were increasingly valued, and medical writers recognized that the *Four Tantras* was of little use in actual medical treatment, and that a competent doctor should have "oral teachings from an experienced teacher and experience based on a long period of familiarization."²⁵

This emphasis on clinical practice meant that many Tibetan doctors became devoted to practical observation. Thus drawings of the internal organs in the human body (FIG. 2.12), while obviously influenced by Tibetan (and before that, Indian) ideas and their visual representations regarding the internal anatomy of the body and the functions of its organs also reflect practical observation of actual bodies.

Similarly, although most childbirth in Tibet until recent times occurred outside medical supervision, medical authorities were not interested solely in the theory of conception represented at the start of the medical painting on childbirth nor in the largely theory-based depictions of the development of the fetus in subsequent scenes. They also studied the practicalities of childbirth and its management (FIG. 2.8). This practical concern with childbirth was further developed in the early twentieth century with the foundation of the Lhasa Mentsikhang in 1916 and the publication *Mirror of the Moon*, which focused on childbirth, by Khyenrab Norbu (Mkhyen rab Nor bu), director of the Mentsikhang.

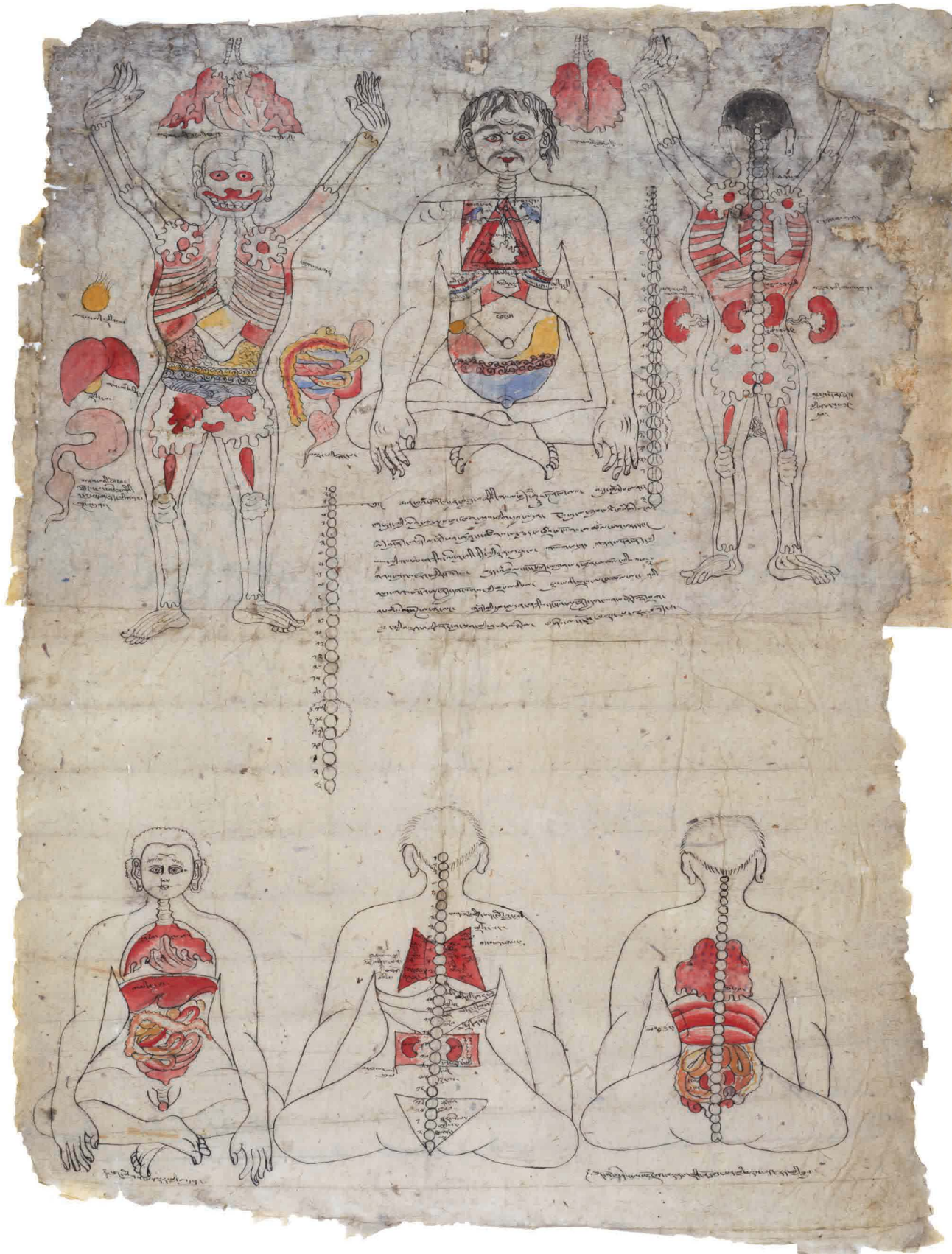
Buddhism too had a practical and systematic side. The development of effective ritual practices and meditational techniques was important, as was the progressive refinement of theoretical and conceptual material that had been imported largely from Indian Buddhism. Thus efficacy was an issue for both medicine and Tantric practice, and techniques were refined and improved over time. The question of efficacy, however, is somewhat different in the two cases. In the Tantric context, it is a question of evaluating the longer-term progress toward the desired end of insight into the true nature of reality and our own condition, whereas the doctor has an immediate concern with the survival and healing of the patient.²⁶

Also, while in both cases there is a need to balance the authority of tradition against what works in practical terms, there are differences between approaches taken by the medical expert and by the Tantric scholar. In theory, the *Four Tantras* is Buddha-speech and therefore authoritative, though certainly open to interpretation by different commentators.

2.11 Lama (Teacher)
Performing a Longevity
Attainment Practice.
Eastern Tibet; 17th
century. Pigments on
cloth; 125.1 × 89.5 cm.
Rubin Museum of Art.
C2006.66.20 (HAR 678)

To the lama's right is a
ritual space, where the
long-life deity is being
invoked during the ritual.

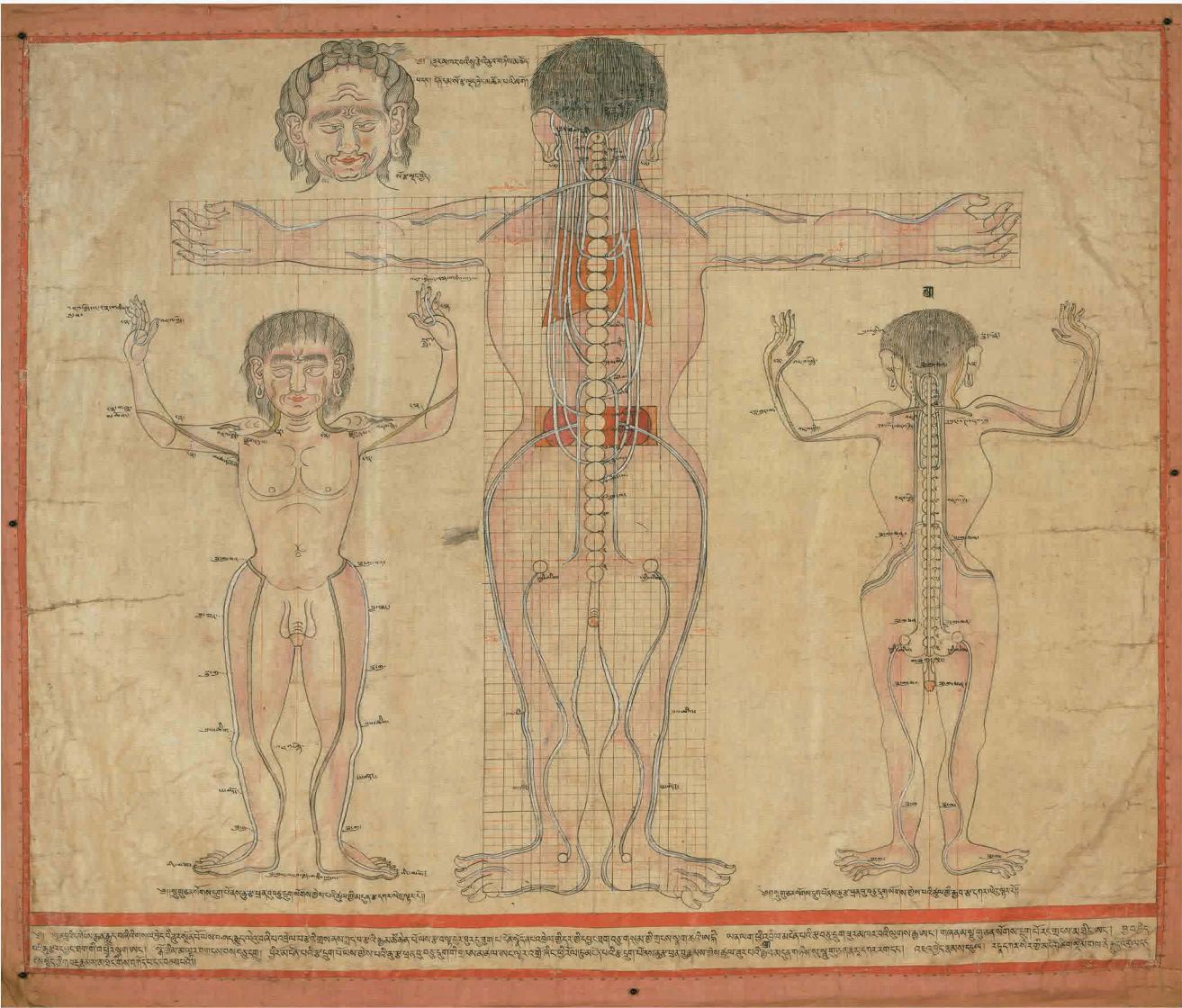




2.12 Localization of Viscera in the Trunk. Corresponding to Plate 51 of the Tibetan medical paintings (Lhasa set). Central Tibet; date unconfirmed. Ink and watercolor on paper; 74 x 55 cm. Private Collection

While the two middle figures show abstracted visions of the body interior, the figures on both sides, according to the caption in Tibetan underneath were painted "according to the anatomical observation of actual corpses made by Tenzin Norbuchen of Lhodrag," a personal physician of the Fifth Dalai Lama.

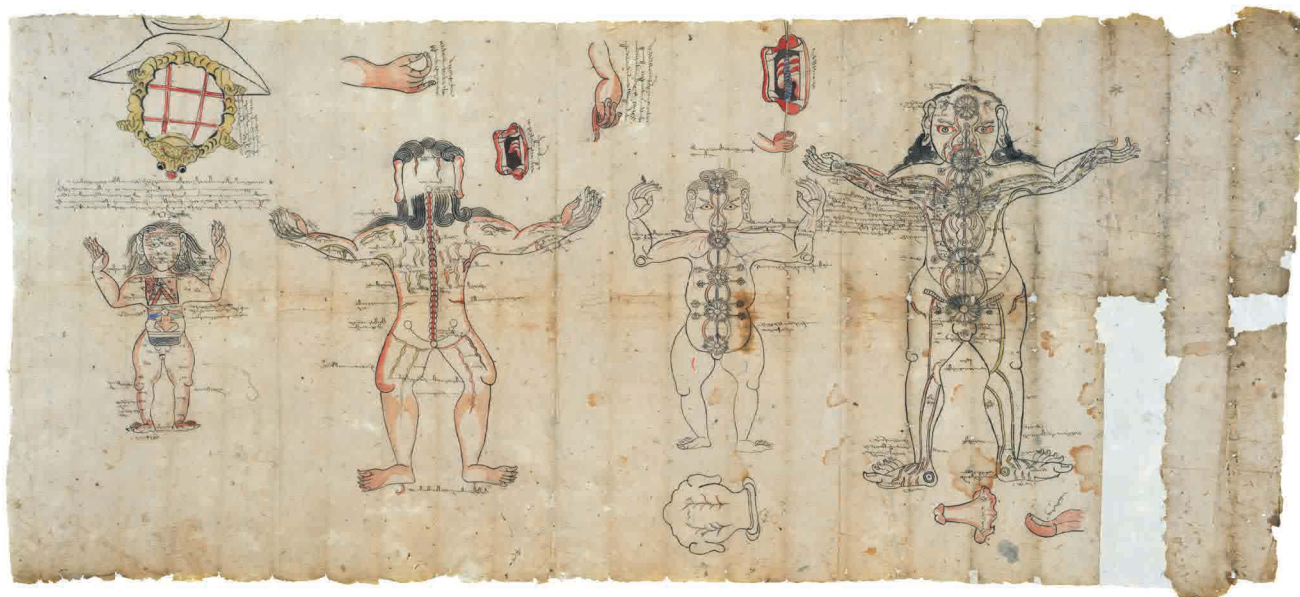
2.13 White Channels in the Body. Corresponding to Plate 14 of the Tibetan medical paintings (Lhasa set). Tibet or Mongolia; 17th century. Pigments on cloth; 68.5 x 78.5 cm. Pritzker Collection, Chicago



However, one tradition of Tibetan medical scholarship from early on questioned whether the *Four Tantras* should in fact be considered a direct revelation of the Buddha, and suggested that it was a human creation, originating with Yuthog Yonten Gonpo and his circle in the later twelfth and early thirteenth centuries.²⁷ This line of argument, which was probably historically accurate (see chapter 8), opened some space for a more empirical approach to medicine.

On the Tantric side, the fact that various Indian traditions, including two of the most authoritative (Cakrasamvara and Kālacakra), gave differing accounts of the subtle-body system may have helped to prevent the dominance of a single model, while also discouraging investigation of the precise correlations between the system and the physical body. Tibetan Tantric Buddhism had its own mechanisms

for innovation and change, especially within the Nyingmapa (Rnying ma pa) tradition, where these could take place through the practices of *terma* (*gter ma*, Treasure Revelations) and *dagnang* (*dag shang*, pure vision). These involved revelation through communication with great masters of the past or with Tantric deities, allowing for the introduction of new practices, approaches, and textual material that were regarded by many lamas as having the same authority as the traditions originating in India.²⁸ There has been a continuous flow of such revelations from the eleventh century onward in both Buddhist and Bon traditions, and outwardly they have allowed for a degree of onward transformation and innovation within the tradition.²⁹ While these mechanisms might at times have permitted new practices and approaches, there was, in formal terms at least, no process for checking



2.14 Moxibustion, Channels, and *Cakra*. Corresponding to various plates of the Tibetan medical paintings (Lhasa set). Central Tibet; date unconfirmed. Ink and watercolor on paper; 78.8 × 166 cm. Private Collection

the efficacy of any new practices. Their success or failure depended for the most part on the ability of a visionary lama to secure patronage and support from religious authorities and the general public and so to propagate the new teaching to a wider audience.

Thus medical and religious practices changed over time, but in different ways and without any systematic relationship to each other. The increasingly empirical orientation in medical literature meant that inconsistencies between the two traditions became progressively more conspicuous. The question of the subtle body with its channels and flows was a particularly problematic area for the medical tradition,³⁰ as evidenced in the *Four Tantras* and in the commentarial literature based on it.

The *Four Tantras* presents a kind of compromise scheme. Chapter 4 of the *Explanatory Tantra*, the second volume of the *Four Tantras*, includes a series of four different kinds of channels (*tsa*) through which a variety of “winds, blood and other energies and fluids”³¹ are distributed around the body.³² The channels fall into four categories:

three channels of formation, or *chagtsa* (*chags rtsa*), which grow from the navel of the embryo and are active in the initial formation of the fetus

four main channels or types of channel of being or existence, or *sidtsa* (*srid rtsa*), in the brain, heart, navel, and genitals, with associated secondary channels, responsible for perception, memory, and reproduction

two types of connecting channels, or *dreltsa* (*’brel rtsa*), the white and black channels, associated with water

and blood respectively, which came to be linked to the nervous and cardiovascular systems

vitality channels, or *tsetsa* (*tshe rtsa*), through which *tse* (life, vitality) moves around the body³³

A further channel, the *sogtsa* (*srog rtsa*), or life channel,³⁴ is referred to in chapter 2 of the *Explanatory Tantra*.³⁵ As noted, however, “It is hard to determine what the sources of the author’s information on these four kinds of channels are. It is clear that this material is not based on any of the pre-*Aṣṭāṅga* medical works known to us, nor on *Aṣṭāṅgahrdayasaṃhitā* itself, and it is also not to be found in the early G.yu thog works.”³⁶

There are evidently relationships between the channels in the *Four Tantras* and the Tantric scheme, but exactly how they operate is far from clear. The author of the *Four Tantras* may have been deliberately avoiding being too explicit in the book’s treatment of this difficult area. As Tibetan doctors’ empirical knowledge of the human body developed, it became evident that the Tantric channels could not be found in the body as described in Tantric texts. This led to a number of options, none of them entirely satisfactory: the Tantric channels might be there, but in a form different from that described by Tantric tradition; they might be there, but imperceptible to physical observation; or they might not exist at all.

At any rate, a variety of connections were made between the Tantric and medical systems by subsequent medical writers, most of whom, it should be remembered, were also Tantric scholars and practitioners. The three channels of formation were regularly, if not universally, associated

with the three main Tantric channels.³⁷ This was a safe link to make, since these initial channels disappear as the child is formed. Consequently, their absence in the adult human causes no difficulty.³⁸ However, making correspondences between the other *Four Tantras* channels and the Tantric *tsa* was more problematic. The idea gradually developed that the two outer Tantric channels, *lalanā* and *rasanā*, corresponded in some sense to the white connecting channel, or *dre/lsa*, understood to govern the nervous system (FIG. 2.13), and the black connecting channel governing the cardiovascular system, but they were clearly not exactly the same thing. Medical scholars, including the sixteenth-century medical authority Zurkharwa Lodro Gyalpo (Zur mkhar ba blo gros rgyal po), struggled with the relationship between the Tantric and medical versions of the channels.³⁹ The tension here is apparent in the Lhasa medical paintings.

Doctors were thus aware that the Tantric *tsa* and *khoro* could not be found in the physical body in the way they are described in Tantric texts. Yet the Lhasa medical paintings and subsequent copies appear to hedge their bets by depicting the channels described in the *Four Tantras* as closely resembling in visual form the Tantric structure of *tsa* and *khoro* while avoiding a direct equation between the systems (FIG. 2.14).

The problems faced by Tibetan medical scholars in reconciling Tantric and medical views of the body did not stem solely from contesting a religious authority with links to the power of the state. In any case, this was not as important as it might have been in the European context, though it may have been an issue for Zurkharwa.⁴⁰ The political dimension of Buddhism was not generally concerned with questions of doctrine, though certain kinds of yogic practice could be viewed as threatening or dangerous, requiring a restructuring of the field of knowledge to minimize those dangers. Even in the most significant of these cases — the attempt during the Fifth Dalai Lama's time to suppress the Jonangpa (Jo nang pa) tradition, specifically its understanding of emptiness, the so-called *shentong* doctrine (*gzhan stong*)⁴¹ — what motivated the Dalai Lama and his associates to act is uncertain.

For the most part, Tibetan Buddhism was pluralist, accepting that different lineages of teaching maintained somewhat different but equally valid understandings of the path to buddhahood. Tibetan systems of knowledge were

perfectly capable of supporting a number of separate and seemingly contradictory modes of explanation, and indeed of providing a sophisticated rationale for their coexistence, with the concepts of two truths and of the five schools of Buddhist philosophy being but one example.

The real problem of reconciling views was perhaps at another level. On one hand, the Tantric view of reality was deeply embedded in Tibetans' overall understanding of the world, for example in the way in which birth and death were understood.⁴² On the other hand, Tantric understanding of the subtle body was part of how the most valued goals of Tibetan life were achieved. Many Tibetan doctors were also Tantric practitioners to at least some degree, and a significant lineage of Tantric teaching, the Yuthog Nyingthig (G.yu thog snying thig), was closely associated with medical tradition in Tibet.⁴³ To be a Tantric practitioner involved taking the channels and inner winds seriously, at least at the provisional level of truth that formed the basis for the practice. Thus medical scholars may in many cases have been confronted by their personal commitment to two apparently contradictory modes of operating as much as by any external pressures.

The compromise positions developed by Zurkharwa and the Desi, however, and restated by various later authors,⁴⁴ were more than an attempt to evade an unpalatable reality and are worth considering seriously in their own terms. No doubt earlier authors expected the Tantric physiology to have a visible material correlate, but it is possible to understand the Tantric *tsalung* as real, although operating at a level not accessible to direct observation. There are numerous phenomena recognized by modern science that are not in fact amenable to direct observation. More specifically, one can understand *tsalung* in terms of internal processes within the nervous and hormonal systems, so that the channels are not an external map of physiology but an internal map of how that physiology is experienced and, for the Tantric practitioner, operated with.⁴⁵ If so, then the invisibility of that map to ordinary observation and its coexistence with a physical level to which it only roughly corresponds are not particularly surprising. Perhaps, in supposing that the Tantric body of channels and inner winds coexisted with the medical body but was not accessible to physical observation with the techniques available at the time, Tibetan medical scholars may not have been so far off the mark.

Chapter 3

Foundations of Pharmacology and the Compounding of Tibetan Medicines

Theresia Hofer



Pills and powders are the most common form of treatment used by Tibetan doctors. Medicines are often taken, “eaten” as the Tibetans say, in combination with adjusted diets, therapies, and treatments from other medical traditions, including biomedicine and Chinese acupuncture. Tibetans also tend to combine these treatments with Buddhist practices, ritual healing, and various other illness-preventing strategies in their daily life. This essay offers a brief introduction to the core principles of Tibetan pharmacology and discusses how they are drawn upon in two contemporary settings where Tibetan medicines are produced and consumed, one in Tibet and one in Switzerland. These two ethnographic vignettes compare how practitioners and pharmacists in a Tibetan monastery clinic, with a small onsite production, and a large European pharmaceutical factory work to ensure and maintain quality and efficacy. I examine the process of adapting Tibetan medical and pharmaceutical knowledge and formulas found in classical texts to new socio-economic, environmental, legal, and clinical contexts. We witness the potential that unfolds when the highly abstract theoretical basis of Tibetan medicine successfully meets new demands and practical requirements and also the problems involved in such adaptations. Finally I address the question of how the efficacy of Tibetan medicines is understood and enhanced by Tibetan medical pharmacists, doctors, and their patients and tackle the often-asked question of whether Tibetan medicines “really work.”

My basis for dealing with these questions is what Sienna Craig has termed the “social ecologies” of Sowa Rigpa within which Tibetan medicines are produced and consumed.¹ I will also follow the lead of other medical anthropologists such as Whyte, Van der Geest, and Harden, who have argued that no pharmaceutical can be fully understood outside of the socio-cultural contexts in which it is produced, prescribed, and consumed.² To the extant literature on the wider trajectories of Tibetan medicine production in times of rapid socio-economic transition,³ this chapter adds the two contrasting examples of the Swiss factory and the Tibetan medical clinic. The examples are intended to challenge common assumptions about traditional and modern ways to produce Tibetan medicines. I propose replacing these notions with new sets of ideas that, following anthropologist Mei Zhan’s theoretical concept, could be called the “worlding” of Tibetan medicine,⁴ in other words the study of the how cross-cultural, trans-local encounters influence the development of new practices, ideas, and technologies.

Tibetan pharmaceuticals always contain at least three raw ingredients but usually between five and thirty-five, and, in exceptional cases, up to one hundred (FIG. 3.10). These

ingredients range from thousands of plants to a wide variety of minerals and gems, to precious metals, and to animal parts, from local and foreign sources. These multicomponent medicines are intricate material substances whose particular powers are embedded in culturally specific, empirical notions of efficacy. This complex heritage is evident in the extensive literature of Tibetan pharmacology and *materia medica*, discussed in chapter 11, which forms a pool of knowledge that is still consulted and studied by students, pharmacologists, and practitioners. These classical foundations merge with orally transmitted knowledge and personal empirical observation to produce efficacious medicines.

It is hoped that this chapter, together with several others (6, 11, and 12 in particular), will offer new perspectives on anthropological, literary, artistic, historical, and environmental dimensions of Tibetan pharmacology. The materials presented in this chapter were collected during a decade of anthropological research on the transformations of Sowa Rigpa in central Tibet in a context of rapid socio-economic change and at international conferences and workshops with Tibetan medical practitioners.⁵ More specifically, I draw on my extensive observations and interviews at one monastery clinic in a town in central Tibet Autonomous Region in 2006–7 and a visit to the Swiss Tibetan medical company in 2012.

Foundations of Tibetan Pharmacology

A legendary story about a basic principle in pharmacology is told to many students of Sowa Rigpa in medical institutions, teacher-disciple apprenticeships, and monasteries throughout the Himalayas, the Tibetan Plateau, and the Mongolian and Buryatian steppes. A young man, Jivaka (who allegedly went on to become the Buddha’s personal physician), had studied with his guru for seven years in northern India. One day Jivaka asked his teacher when his training would be completed. The teacher then tested Jivaka and instructed him to take a shovel and carefully search the surrounding area for a substance or a plant that could not be used as medicine and to bring it back with him. Diligently, Jivaka combed the vicinity for anything devoid of medicinal properties. After days in the wilderness, he had found nothing and returned to his teacher dejected and sure of his failure. Instead he was congratulated and informed that his training was now successfully completed: he had understood that there was no substance in the world without healing properties.⁶

This understanding, rooted in both Hindu and Buddhist philosophy, is an expression of the idea that all phenomena, whether a substance, activity, or thought, in the universe are made of and contain five elements that permeate everything

Aromatic Medicines from Jampal Dorje’s *Beautiful Marvelous Eye Ornament*. Mongolia; 19th century. Part II, folio 9 *recto* & 9 *verso*. Reprinted in *Śātipitaka Series* (Vol. 82), New Delhi, International Academy of Indian Culture, 1971. Tibetan Buddhist Resource Center. W30452



3.1 Detail from Fig. 1.1. Piercing Mountain, south of Tanadug, is endowed with the power of the sun. On it grows a medicinal forest of plants that are hot, sour, and salty in taste and have hot and sharp potencies. These plants, their roots, stems, leaves, flowers, and fruits cure disorders of a cold nature.

and everybody. As recognized in Tibetan Buddhist cosmology and Tibetan medicine, these are: earth, water, fire, air, and space.⁷ Earth provides the basic element of existence, water is fluidity, fire is life-sustaining temperature, air is mobility and transformation, and space pervades everything and is the vessel of the others. The *Gyushi*, or *Four Tantras*, Tibetan medicine's classical twelfth-century text, refers to the understanding that the nature of these elements is the same across all phenomena (i.e., physical, mental, emotional, in plants and humans, in minerals, on the earth and in space), as the theory of body, disease, and medicine share one nature.

That all phenomena have healing qualities and that the nature of the five elements is the same in body, disease, and medicine has profound implications: food thus becomes the main form of medicine, emotions are manifestations as well as causes of the five elements, and qualities of the environment influence a person's elemental make-up. One notable corollary of this notion is that there cannot be a true placebo, that is, a substance deemed without medical properties, as defined and used in control groups during biomedical drug testing.⁸ Within this broad and interconnected medical and philosophical context, doctors and pharmacists have sought to understand how body and mind relate and interact with

the environment, and more specifically how plants, minerals, stones, animals, and so forth, could be processed and used to heal physical and mental afflictions and foster health and longevity. Within this medical system, the various constellations of elements in humans were understood through the theory of the three *nyepa*: wind (*lung*), bile (*tripa*), and phlegm (*beken*) (for further detail, see chapter 1).

In Sowa Rigpa all *materia medica* (including foods) are products of elemental interactions. Tibetan medical physicians and texts therefore classify particular elemental presences (in plants, minerals, fruits, etc., and in formulated compounds), in terms of six tastes, or *ro* (*ro*); three post-digestive tastes, or *shuje* (*zhu rjes*); eight potencies/powers, or *nupa* (*nus pa*); and seventeen secondary qualities, or *yontan chudun* (*yon tan chu bdun*). Taste and potency are the most important foundational concepts of Tibetan pharmacology, followed by the classification of all substances into either hot or cold natures.

TASTES, POTENCIES, AND NATURES OF MEDICINES

Regarding the six tastes of medicine, the elements of earth and water produce sweet tasting substances such as molasses, fire and earth elements produce sour tasting

3.2 Detail from Fig. 1.1. Snow Mountain, north of Tanadug, is endowed with the power of the moon and covered with a medicinal forest of plants that have bitter, sweet, and astringent tastes and feature cool and blunt potencies. They cure hot disorders.



items such as lemon and sour apples, water and fire produce salty tasting materials such as salt and celery, fire and wind elements produce pungent tastes, water and wind produce bitter tastes, and earth and wind elements together produce astringent tastes (see FIG. 11.21). During the identification of medical ingredients and the compounding of medicines, doctors and pharmacologists routinely sample substances to determine their tastes. This process is crucial in determining the elements that are known to cure disorders of opposite elemental qualities. In essence, it is these opposite elemental qualities that are seen to have promoted the predominance of one of the other *nyepa* in the patient. Sweet, sour, salty, and hot tastes are seen to counteract wind disorders; bitter, sweet, and astringent tastes cure bile disorders; and hot, sour, and salty tastes cure phlegm ailments (cf. TABLE 1.2).

The second principle in Tibetan pharmacology, the concept of potency, termed the *nupa* of medicines, is more difficult to define. On the one hand the term is used in the context of what are called the eight powers of medicine (heavy, oily, cooling, blunt, light, rough, pungent, and sharp) as well as seventeen secondary qualities, which are the opposites of the qualities of each of the three *nyepa* (see TABLE 1.2). For example, for wind disorders, which

manifest with physical, mental, and emotional characteristics of rough, light, cold, subtle, hard, and mobile nature, medicines that contain secondary potencies or powers of smoothness, heaviness, warmth, oiliness, and stability will provide a cure.

On the other hand, the Tibetan term *nupa* is also regularly used to denote a medicine's overall efficacy.⁹ In a biomedical Western context we tend to think that a medicine's efficacy is first and foremost established through clinical trials, whereby a therapeutic agent is identified and then removed, as much as possible, from any human interference with its effect. Tibetan medicine's concept of *nupa* has a much broader meaning, more akin to a medicine's benefit for the body and mind. This benefit could, until the twentieth century's advent of laboratory and biomedical research methods, be mainly ascertained in a doctor-patient encounter and personal experience, or, some would argue, by the mystical insight of Buddhist sages of bygone days.¹⁰

The six tastes, the eight potencies or powers, and that medicinal substances and diseases are understood to have either hot and cold natures appear in the opening chapter of the *Four Tantras*, illustrated also in Plate 1 of the Tibetan medical paintings (FIG. 1.1). Here the Medicine Buddha is



3.3 Detail from Fig. 1.1. Fragrant Mountain, east of Tanadug, is endowed with powers of the sun and moon, and features a forest of *arura*, from which *Terminalia Chebula*, or *arura*, derive. Of its 8 types, the fruit of the “victorious” *Terminalia Chebula* is the celebrated panacea of Tibetan medicine. It has all 6 tastes, 8 potencies, 3 post-digestive tastes, and 17 qualities that cure all kinds of disorders.

shown in his palace, in the city of Tanadug, surrounded by medical substances with all the aforementioned features and qualities (FIGS. 3.1–3.4). The *Arura* group of plants, some members of which possess all six tastes, feature a neutral quality, an exception to the binary rule of hot and cold. Thus, they are considered a panacea in Tibetan medicine. The chebolic variety of the fruit myrobalan (Skt. Haritaki) is a signature iconographic feature in the hand of Bhaiṣajyaguru, the Medicine Buddha. The tale on the mythical origins of the teaching of the *Four Tantras* that is represented on the first plate of the *thangka* set thus simultaneously introduces students and doctors to the most basic principles of Tibetan pharmacology. This is also one of the chapters that is usually still memorized by Tibetan medical students, even if other parts of the *Four Tantras* are not (see below).

THE “SEVEN LIMBS OF COMPOUNDING MEDICINES”

Another fundamental teaching in Tibetan pharmacology is the seven-limb procedure of compounding medicines.¹¹ It is outlined in chapter 12 of the *Four Tantras*’s *Last Tantra* and deals with the collection, preparation, processing, and compounding of herbal ingredients. This process is also used for the production of medicines that do not, strictly speaking,

fall into the category of herbal medicines (*sngo sman*) such as tree medicines (*shing sman*). Pharmacists tend to call these seven steps the “standard procedures” of Tibetan medicine-making, which, when followed, ensure the quality and safety of herbal medicines.

The first limb is concerned with the growth of medicinal plants in their natural habitat. The *Four Tantras* states that the environment where herbs are picked should be “clean, pleasant, fertile, endowed with propitious attributes, and blessed by Buddhas.”¹² The environment ought to mirror the quality of the herb, hence those with cooling properties should ideally be picked in areas where cool qualities prevail, and those featuring hot properties should be gathered in hot places.

The second limb states the correct timing of the collection of medicinal plants. Roots, branches, and stems should be collected during the late autumn, when leaves, flowers, and fruits dry out. Leaves and sap ought to be collected during the rainy season, while fruits (which include flowers, fruits, and buds) should be procured in mid-autumn. Barks and resins are best collected in the spring. Meanwhile, purgative herbs should be picked when their potencies move downward, in contrast to emetic herbs, which ought to be

3.4 Detail from Fig. 1.1. Garland Mountain (Malaya), west of Tanadug, is also endowed with the powers of sun and moon. Found there are Tibetan medicine's "6 superlative medicines," among others, and 5 types of medicinal waters and hot springs.



gathered when their potencies moves upward, that is, at different times of the year and/or month.

The third limb concerns proper drying methods and recommends that herbs should be lightly chopped and dried according to their cool or hot natures, either in the shade or in the sun. At all times the drying herbs should be prevented from coming into contact with moisture, smoke, insects, fire, and other contamination.

The fourth limb is on the timely use of medicinal plants so that their therapeutic potency is optimal. This may vary; however, the maximum period within which a collected medice should be used in compounding is stated as one year.

The fifth limb, on the removal of toxins, refers to the removal of parts of a plant, like the bark of a root, the dirt from bark, or the vein from a leaf, so that the remaining substance's potency becomes smooth and more easily digestible.

The sixth limb describes the smoothing, or enhancing, of the potency of medical compounds by three methods: through compounding; by adding certain medicinal substances to direct the effect to particular sites in the body; and by adding other medicinal substances to counteract the coarse potency of the compounded medicine.

The last and seventh limb relates to the three main methods of compounding medicines. Here the social positions of ancient Tibetan society were applied to medicines: around a medicine's king are gathered a queen, princes, ministers, subjects, and soldiers complete with their horses. These characterizations are used to explain underlying ideas about how each ingredient functions. Thus, while the king refers to the main ingredient of a medicine and is often the source for a medical compound's name, the soldiers' horses are the means by which a patient ingests the compound — most commonly boiled, warm water, but the means could also be cold water or tea.

Tibetan Pharmacology in the *Four Tantras*

Apart from the brief introduction to medical substances found in the surroundings of the mythical city of Tanadug and the medical trees chapters (see FIG. 3.5), the *Four Tantras* discusses pharmacology mainly in three other sections.

The basics of pharmacology are outlined in three chapters of the *Explanatory Tantra*: chapter 19 introduces the concepts of the tastes and post-digestive tastes of medicines (FIG. 11.21); chapter 20 states the principles of the above mentioned powers of medicine, understood in the

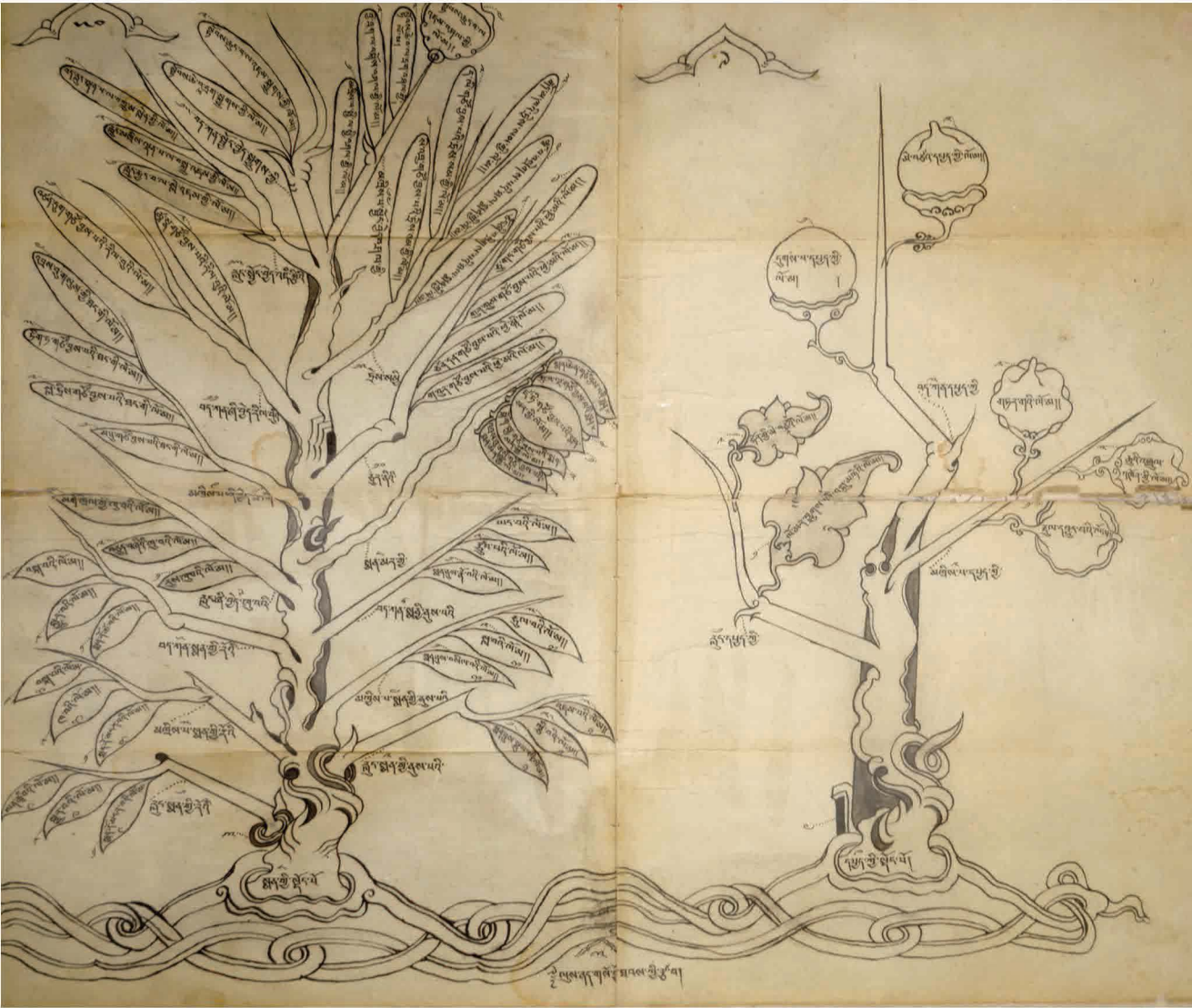
context of potency, strength, and quality, followed by a list of approximately 400 medical substances stating their nature and potency and ordered in eight categories (see FIG. 3.7); and chapter 21 discusses principles of medical compounding (*byor thabs*) according to taste and to potency.

Pharmacology is next discussed in the third volume of the *Four Tantras*, the *Instructional Tantra*, a clinical handbook in which pharmacological agents are mentioned throughout. However, usually only the names of the medical compounds and of individual substances are given in the context of extensive discussions on pathology and treatment.¹³

The third place where pharmacology features distinctly is in the *Last Tantra*. Here the more practical details of medicinal substances and their uses are detailed. Various forms of medicines — liquids, powders, pills, pastes, butter and ash, decoctions, medicinal alcohol, precious pills, and herbal

compounds — are outlined and their particularities discussed (see FIGS. 3.6 and 3.8). In chapter 12, in the category of herbal compounds (*sngo byor*), the all-important seven-limb procedure in compounding is outlined.

These specific pharmacology-related portions of the *Four Tantras*, as with the rest of the text, use a highly condensed language, which requires explanation and interpretation by an adept teacher. Furthermore, compared with pharmacological literature, the *Four Tantras* contains relatively little information on identification and classification of *materia medica* — that is medicinally used single substances known as simples — and their compounding. For this reason a would-be practitioner could not rely on the *Four Tantras* alone and would have to complement his or her knowledge through the study of the pharmacological literature, receive oral instruction, and gain practical experience.



3.5 The Last Two Branches of the Tree of Treatment depicted as individual Trees. Tibet or Mongolia; 20th century. Ink on paper; 43 × 35 cm. Courtesy of Arnold Lieberman

The tree on the left explains medicines as treatment in terms of their tastes (*ro*) and powers (*nupa*) for pacifying medicines, soups, medicinal butters, decoctions, powders, and emetics in relation to wind, bile, and phlegm *nyepa*. The tree on the right enumerates external therapies for wind, bile, and phlegm disorders.

3.6 Detail from Fig. 3.8. Compounding of Medicinal Powders, Pills, Concentrates, Pastes, Ash, and Alcohol.



To this day it is common for medical students to go on plant collection trips, by which point ideally they will have also memorized, or at least studied in depth, chapter 20 of the *Explanatory Tantra* on medical simples. This chapter is one of the most difficult parts of the work to commit to memory, due to the complicated and in some cases Sanskrit-derived names, not to mention its citing of more than 400 medical simples. Although the chapter is divided into the eight classes of raw materials, it does not lend itself well to the mnemonic devices that are used elsewhere in the texts, like that of the “medical trees.”¹⁴ Most modern-day medical students in Tibetan areas of China, even though still required to accomplish some memorization of Tibetan pharmacology and participate in herb collection trips, lose this knowledge quickly since most of them do not go on to make their own medicines. On the other hand, students in specific pharmacology degree courses do acquire in-depth theoretical and practical knowledge of Tibetan pharmacology.

In contrast, practitioners from bygone days, and in some more remote areas even today, have had to be pharmacologists as well as physicians. They needed to consult texts and receive oral instruction, alongside accumulating personal experience and expertise through hands-on practice and direct observation of medicine making. An *amchi* would not have been able to practice medicine without in-depth knowledge of medical substances and their compounding. Pharmacology was a prestigious field of knowledge and practice within medicine, and no doctor would have been satisfied to know only what was outlined in the *Four Tantras*. Many erudite scholars of medicine engaged deeply with their natural environments and with whatever knowledge was handed down to them, amending and supplementing central texts with new findings. This has resulted in refined identifi-

cation and classification of materials and their properties as well as new medical formulas, which could also distinguish various medical traditions.¹⁵

Identification of Medical Materials, Visual Aids, and Recipe Books

Scholars and practitioners have long worked to standardize medical materials and traditions across the Tibetan Plateau. Desi Sangye Gyatso, the seventeenth-century regent to the Fifth Dalai Lama with a keen interest in medicine, for one, is well known for his project to unify the medical traditions of his time and standardize the identification of medical plants. The purpose of his efforts was manifold¹⁶ and is discussed in chapter 10. Sangye Gyatso’s seminal medical commentary *Blue Beryl* was illustrated with a full set of seventy-nine medical paintings. His aim in producing the illustrations was for the *Four Tantras* to be understood “as clearly as one would see a myrobalan fruit held in the palm of the hand.”¹⁷

Among the Tibetan medical paintings, Plates 20 to 24 include a discussion of and additions to the pharmacology chapters 19 and 20 of the *Explanatory Tantra*. These plates were a particular concern of Desi Sangye Gyatso, as he wished to settle conflicting identifications of *materia medica* (see FIG. 3.7). To achieve this, he called on a variety of experts and practitioners to clarify the identification of medicinal plants. For example, on the subject of drugs from the south, he sought advice from a Nepalese doctor and four medical practitioners from different regions in India: “Painters drew according to the descriptions those informants gave of the drugs coming from their respective regions, their manner of growth, etc., changing details until each [of the informants] would say, *That’s it!*”¹⁸ These paintings were hence the outcome of one of the earliest, if not the earliest, collabora-

Next spread:

3.7 Earth, Tree and Herbal Medicines. Plate 24 of the Tibetan medical paintings (Ulan Ude set). Lhasa, central Tibet; early 20th century. Pigments on cotton; 86×68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia

3.8 Diagnosis and Treatment. Plate 67 of the Tibetan medical paintings (Ulan Ude set). Lhasa, central Tibet; early 20th century. Pigments on cloth; 86×68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia

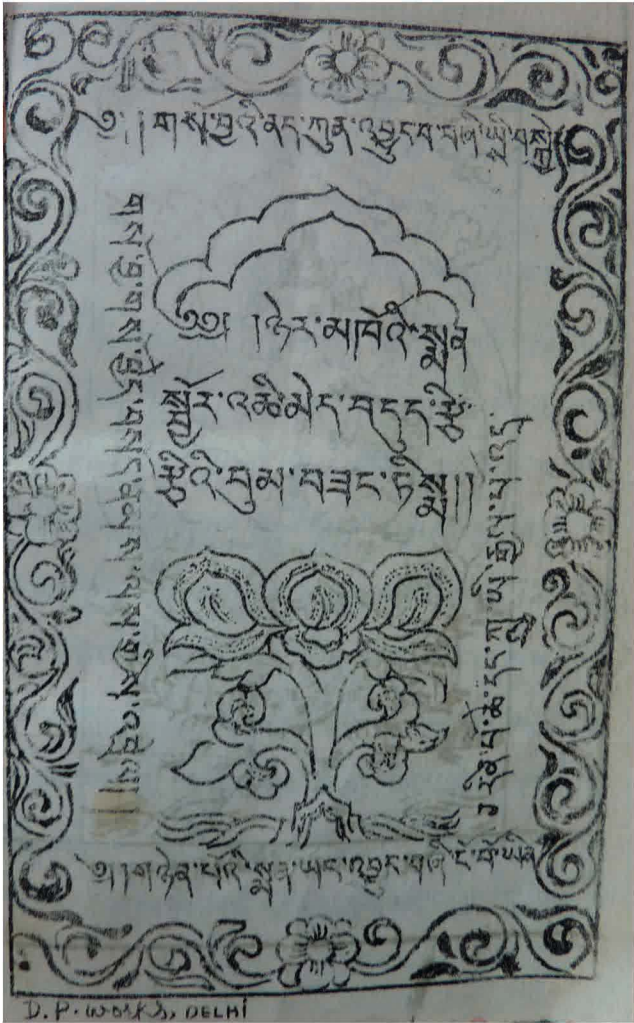


[illegible]

tive projects between physicians, pharmacologists, and artists in Tibet.

Along with anatomy, *materia medica* was one area of medical knowledge represented to particularly great effect in the paintings. They became templates for subsequent illustrations of *materia medica* in portable woodblock print texts and manuscripts published from the eighteenth century onward.

Beyond Sowa Rigpa’s most well-known text, *Four Tantras* and its commentaries, Tibetan medical literature contains a vast number of other detailed texts on pharmacology and *materia medica*, which form an entire genre of medical writing.¹⁹ Within it, two kinds of writings are prominent. One is the discussions and illustrations of medical raw materials, referred to as *trungpe* (*’khrungs dpe*, literally, medical simple),²⁰ discussed in chapter 11. The other is the literature on medical compounding, or *menjor* (*smān byor*). *Menjor* literature includes printed and handwritten formulary books, lists of recipes, and discussions of indications for use.



An important part of this literature is writings on the substitution of ingredients, or *tsab* (*tshabs*), which suggest alternative ingredients in cases where certain items are locally unavailable or not affordable. Medical recipes and mentions of *tsab* are also found in much of the more general medical literature, but the number of formulas and the detail in which they are discussed vary greatly, from simple handwritten lists of compounds and their ingredients to printed works with as many as 8,000 formulas. Some formularies were widely used throughout the region. One example, which is widely circulated and used to this day, is the early twentieth-century text *Excellent Vase of Elixirs* (*Bdud rtsi’i bum bzang*) by Khyenrab Norbu (1883–1962), the first director of the Lhasa Mentsikhang, which contains recipes for 125 common Tibetan medical formulas (FIG. 3.9).²¹ Whether equipped with highly localized compounding notes or more standardized works, doctors would adapt recipes in their day-to-day practice, taking into account individual patients’ needs and the availability of raw materials. This adaptation was only possible when medical practice and the production of medicines were carried out together, which is no longer widely the case.

Despite the large and diverse body of pharmacological literature, it is possible to identify common underlying theoretical foundations of the science. This expansive literature also illustrates how knowledge has been interpreted and adapted to the diverse environments in which *amchi* work and the diverse conditions they face. As such it is a testament to the lasting and widespread legacy of the key principles of pharmacology found in the *Four Tantras* and the enormous adaptability of these principles to local circumstances from historical times to the present. Such astute and nuanced application of theory, however, can take place only through what is effectively a life-long regimen of training and requires exceptional empirical observation that through trial and error reveals the subtle differences in medicines’ effects from one patient to the next and from one batch of medicine produced to another.

Compounding Practices in Tibetan Medicine Today

Tibetan practitioners and patients are normally familiar with at least three main kinds of medicines: common medicines in either *rilbu* (pill) or powder forms, which make up the bulk of Tibetan medicines widely produced, prescribed, and consumed; *rinchen rilbu*, more expensive and elaborately produced “precious pills,” which are taken in emergencies or as preventive medicine, some of which contain purified metals and minerals (FIG. 3.11); and essence extraction medicines (*chu len sman*), which are mainly part of Esoteric Buddhist

3.9 Khyenrab Norbu’s work *Excellent Vase of Elixirs* on Tibetan medical formulas. Indian edition; 20th century. Private Collection, Ladakh, India

3.10 Raw ingredients for Trinsel medicine. Tashilunpo Monastery clinic, Tibet



3.11 Elaborately packaged precious pills at a Tibetan medical pharmacy. Shigatse, Tibet Autonomous Region, China



literature and meditative practices and have recently become marketed as “tonics” (see chapter 6).²² Precious pills and essence extraction medicines have been touched upon in other chapters; in this chapter we will focus on the production of common medicines.

AT A MONASTERY CLINIC IN CENTRAL TIBET Since the 1980s Tashilunpo, a large monastery in central Tibet, has again included a medical clinic and, since the late 1990s, onsite Tibetan medicine production as well. Around an attractive courtyard are several treatment rooms, a biomedical and a Tibetan medical pharmacy, and a medicine production unit. The clinic draws patients from all over the prefecture and from pilgrims visiting the monastery from afar, many of whom take the opportunity to visit the clinic on days deemed auspicious. The staff numbers sixteen, with four of five practicing doctors having in-depth training in Tibetan medicine. The entire staff has basic training in biomedicine. I became well acquainted with several of them over a period of one year. Like at other medical clinics in Tibet today, doctors here use both Tibetan-style and biomedical methods of diagnosis and write out prescriptions for biomedical drugs, Tibetan medical pills and powders, and in some cases apply Tibetan external therapies and Chinese medicine-style acupuncture, which first came to the area during the Cultural Revolution.²³ Afternoons at the clinic are devoted to the production of Tibetan medicines, which are used only at the clinic and are not sold to other practitioners or patients from other facilities.

After one mid-winter morning spent within the clinic, I joined the group of monks and lay staff gathered in the clinic courtyard, sitting cross-legged around heaps of raw medical materials, cleaning, chopping, and chatting in a relaxed atmosphere. Many skills and different sets of knowledge are required to complete the long and labor-intensive process that turns these raw ingredients into fragrant pills and

medicinal powders. While the majority of the clinic staff is involved in cleaning and preparing the ingredients, that is, doing work that the fifth limb of compounding from the *Four Tantras* refers to as the “removal of toxins,” most have little or no knowledge of the overall process of medicine production, which ranges from correct identification of substances to the compounding, drying, and storing of drugs.²⁴ A monk named Lobzang Tashi (a pseudonym) supervises the work of these dexterous individuals. It is he, together with a colleague, who undertakes the more specialized work inside the production facilities. In conversations they demonstrated a remarkable knowledge of pharmacology, unusual in doctors of their generation who have not taken specialized pharmacology courses. Instead the two studied at a private Tibetan medical school in the area, where they learned how to identify medical materials and the basic techniques of medicine production. They later reinforced this learning through internships at a prestigious medicine factory in Lhasa.

Lobzang Tashi has the ultimate responsibility for the entire production process of approximately forty Tibetan medicines. In terms of output, their factory is tiny compared to the large factories that have sprung up in Tibetan areas of China over the last decade.²⁵ The monk is nonetheless proud of the quality of medicine they produce, a result of much labor and careful attention. Medicine production at Tashilunpo was reinstated only a few years ago, when, through the combined efforts of the monks, the director of the clinic, local authorities, and a European sponsor, a small production site was established. Until 1959, when the dismantling of Tibetan socio-political and religious structures gained full momentum, monasteries had been important centers for Tibetan medical learning, practice, and production. With the monasteries being a prime target of early reforms, such as the “democratic reforms” and the Cultural Revolution, it took several decades for them and any associ-



3.12 Drying *rilbu* in the sun to enhance warming properties. Tashilunpo Monastery, Tibet Autonomous Region, China



3.13 Drying *rilbu* indoors to enhance cooling properties. Tashilunpo Monastery, Tibet Autonomous Region, China

ated Tibetan medical practice to recover, a process which began in the 1970s–1980s. Throughout the year Lobzang Tashi orders and receives all kinds of medical materials from gatherers in Tibet, in addition to importing others, via middlemen, from Nepal, India, and China. The vast majority of ingredients handled at the clinic are plants, of which roots, bark, stems, flowers, resins, and fruits are used, depending on the requirements of the medicines to be compounded. Sometimes only very specific bits of any given part are used, such as the outermost layer of a peel from a fruit's rind or the very tip of a root. Explanations of such specific requirements are not usually found in pharmacological texts but come from teachers' instruction and personal experience and observation. One of the less commonly used ingredients here is musk (*gla rtsi*). It is very expensive, and Lobzang Tashi receives only small quantities, which he uses sparingly.²⁶

How the art of compounding is practiced at this onsite production can be illustrated with one sample medicine, *Trintsel 25* (*mgrin mtshal*), that contains twenty-five ingredients. The name translates literally as *Vermillion Voice*. It is a medicine commonly prescribed at this clinic for rheumatic conditions, several kinds of which are identified in Tibetan medical texts and by doctors. After the ingredients have been cleaned and prepared to Lobzang Tashi's satisfaction by the staff, he individually weighs them on a hand scale and places most in a large metal container. A small number of ingredients are kept apart to be ground separately. This initial preparation of twenty-two of the ingredients is the outcome of three solid afternoons of work. In the next step the ingredients are mixed and then fed in small quantities into a machine for pulverization. The machine is turned off at intervals, to let it cool down. In the preparation of *Trintsel 25* its cooling properties should be enhanced. The three harder ingredients that had been put aside are subsequently ground on their own, mixed in with those that had been pulverized,

and left to cool. The following day, the powder is placed in a rotating machine. Round-shaped pills are formed by dropping water into the powdered ingredients. In some cases pills are also given a final shaping by hand before being dried in direct sunlight on the roof of the clinic or inside in the shade (FIGS. 3.12 and 3.13).

Lobzang Tashi keeps a record of each batch of pills he makes, noting the names of the raw ingredients, various specifications about the respective weights (according to traditional Tibetan measures as well as Chinese measures), and, at the bottom of the page, the production date and overall amount of the medicine produced (usually about 25 kg per batch).

Once the pills are entirely dry, they are weighed and put in large cloth bags for storage. A small portion of the pills are placed in tin buckets, from which the containers used in the pharmacy can more easily be refilled (FIG. 3.14). Lobzang Tashi said that in the old days pills and powders were kept in small quantities in leather bags, which were seen as the best way to store medicine and, according to his teachers, keep them potent for generations. Indeed, these small sachets and larger medicine bags — often made of expensive fur — were commonly found among items passed down to practitioners within medical families or monastic clinics, but many of them were lost during the upheavals of early communist reforms (FIGS. 3.15 and 3.16).

At the clinic's Tibetan medical pharmacy medicines are dispensed from glass jars and metal tins, while in other places wooden chests of drawers are used to keep an average of eighty to one-hundred-twenty kinds of medicines in good order. Lobzang Tashi bases his compounding on a local text that had previously been used at the monastery's medical school, which was closed in 1958 and destroyed in the early 1960s. He is well educated in the classics, such as the *Four Tantras* and its main commentaries by Sangye

Gyatso, Dilmar's pharmacology text *Stainless Crystal Garland*, and other widely circulated, more recent texts on compounding, such as Khyenrab Norbu's *Excellent Vase of Elixirs*. A work that he also commonly refers to is the recently published *Crystal Mirror*, an illustrated *materia medica* work by Gawo Dorje, which makes ample use of photography to help with morphological identification (FIG. 11.28).

In addition to the steps detailed above, it is crucial that during production the Medicine Buddha is invoked and that the relief of a suffering patient is constantly borne in mind as the most important goal. Lobzang Tashi quietly, often inaudibly, repeats prayers during the production process. The factory, clinic, and medicines are also blessed by monks two to three times a year, when they perform a one-day ritual known as *mendrub* (*sman grubs*), or "medicine empowerment," at the clinic facilities.²⁷ A ritual cleansing of the buildings and communal prayers to the Medicine Buddha by clinic staff follow.

Even though Lobzang Tashi takes the utmost care to follow the *Four Tantras*' seven limbs of compounding as well as possible, the clinic staff faces many obstacles. With so few people on staff and increasing numbers of patients, the monks can no longer themselves pick medicinal plants, so Lobzang Tashi has to rely on lay people to pick the plants at the right time and in the right place. He is also faced with unknown conditions of growth and transport for ingredients imported from Nepal and India. Despite this, he assured me, with experience one can make accurate judgments about quality by relying on morphology and taste. Also some ingredients are becoming rare, either through overharvesting or environmental change,²⁸ and, consequently, costs have increased. Some plants and animals are becoming inacces-

sible due to new government regulations, with the result that the clinic either uses smaller quantities or seeks substitutes.

Monks and patients voiced differing opinions on what contributes to the quality and the efficacy of this facility's medicines. Apart from the evident care given to the manufacturing process, they also expressed the view that a monastery provides the purest possible environment, and this has a positive impact on the curative powers of the medicines. In tandem with the relatively affordable prices of pills at the clinic, the monk-doctors are considered compassionate and kind, unlike the "businessmen in white," a common reference to medical doctors in some government and private biomedical and Tibetan medical clinics. The popularity of the clinic is evident from the large numbers of patients who use it, even though it is effectively a private clinic, not a part of the fledgling state insurance scheme, and hence all expenses have to come out of the user's own pockets. For Lobzang Tashi, one of the great benefits of producing medicine at the clinic is the chance it offers to ascertain its quality and efficacy during the mornings' consultations.

This proximity of medicine production and clinical practice does not exist at the large pharmaceutical factories that have been established throughout the Tibetan Plateau since the beginning of the twenty-first century. At these factories the seven-limb procedure is complemented by a regimen of quality control, called Good Manufacturing Practices (GMP). This is derived from biomedical pharmaceutical production and is extremely detailed. Guidelines and standards range from sourcing to drying, production to storing, and packaging. All stages are accompanied by documentation, controls, stamps, and other bureaucratic procedures. The introduction of GMP regimens for the production of Tibetan medicine has sparked great controversy over the fate of indigenous quality control mechanisms and standards, not least in relation to taste, as well as the outcome in terms of quality and efficacy.²⁹ Although government-funded loans have been made available to small-scale producers to establish facilities that comply with GMP, Lobzang Tashi remains critical, and he and his group have opted to maintain and improve the quality of their production through more instruction of non-medically trained personnel and collectors, the careful selection of ingredients, and investment in small-scale technological improvements.

Perhaps the strongest argument against the implementation of GMP standards is the large investment needed to accomplish this transformation. The additional cost would inevitably make the medicines more expensive and therefore contradict the clinic's mission to keep costs as low as pos-

3.14 Storage of Tibetan medicines. Tashilunpo Monastery, Tibet Autonomous Region, China



sible for its largely rural clientele. Out-of-pocket costs have already risen dramatically in Tibetan areas since the partial privatization of state health care began in the late 1990s.³⁰

Despite concerns voiced over the decline in quality and the rise in costs, I found that several private practitioners and many patients in the Tibet Autonomous Region still held the now-GMP-compliant factory in Lhasa in high esteem. The factory had long ago belonged to the Lhasa Mentsikhang, one of the two historic medical institutes in Lhasa (see vignette 3). To Tibetan practitioners, its illustrious history is intimately tied to the now-lost independent Tibetan state that its inaugurator, the Thirteenth Dalai Lama, had declared. The traditions revitalized at the monastery clinic of Tashilunpo are mirrored in several other monasteries — large and small — throughout Tibet and Mongolia, where small-scale medicine production is carried out once again and medicines are made and prescribed by local monks and laypeople in a monastic environment.

PADMA INC.’S TIBETAN MEDICINE PRODUCTION Many thousands of miles to the west, in the small Swiss town of Wetzikon, is Padma Inc., an institution that prides itself on being the only pharmaceutical factory to produce Tibetan medicine following high Swiss pharmaceutical standards, selling them as actual medicines, rather than as herbal products or nutritional supplements. At its headquarters, I notice samples of medicines on display in a large, well-stocked library area while I wait for my appointment with the company’s CEO, Dr. Herbert Schwabl, who made his reputation investigating Tibetan medicines from the standpoint of quantum physics and network analysis. He is still fascinated by applying cutting-edge physics to phenomena such as the multilayered effects of Tibetan medicine, a process that

challenges conventional scientific approaches, which by and large are based on reducing a substance’s therapeutic efficacy to active ingredients alone. Schwabl has strived to show how such a reductionist approach can never do full justice to the complexity of Tibetan medical pills and powders.³¹

In the laboratory at a nearby production site, samples from each batch of raw ingredients, whether purchased from Swiss or foreign herb growers and traders, are meticulously tested in-house according to Swiss pharmaceutical standards. For example, thin layer chromatography is used to identify herbal materials via their chemical fingerprint and here nobody relies on taste to correctly identify the ingredients and their *nupa*. In addition, the company contracts independent laboratories to test each batch for pollutants and toxins such as mold or heavy metals. Rows of shelves are filled with reports and documents that can be referred to in the event that flaws in ingredients need to be traced. These practices testify to the enormous bureaucracy that is required when pharmaceutical production adheres to GMP requirements.

Downstairs in a large factory hall, ground fine powders are kept in vacuum-packed plastic bags. They are neatly marked using GMP’s signature system of red and green labels. The typical smells of Tibetan medicines fill the air, despite the tight packaging. Grinding has been outsourced, so that the onsite medicine production consists mainly of the mixing of ingredients, which is done in the next room, only accessible to those who undergo the required hygiene procedures upon entry — donning the protective gown, gloves, and hat that GMP standards demand. The company uses a state-of-the-art mixing device, which ensures that the same amount of each ingredient is found in each dose of a given product. When Padma began making medicines, it produced



3.15 Small leather medicine bags with labels. Ngamring County, Tibet Autonomous Region, China



3.16 Tibetan Doctor at Work. Chumbi Valley, central Tibet; 1933–34

The doctor reads a female patient’s pulse. On a small table there is a fur medicine bag, a wooden pot, a cauterization instrument and a horn for cupping. The items are placed on a Chinese silk cloth.

3.17 Padma's Tibetan medicine in capsules and some ingredients. Switzerland; 2012. Photograph courtesy of Padma Inc.



tablets that were in shape close to typical round Tibetan *rilbu*. The company has since turned to packaging its medicines as powders in clear capsules, eliminating a taste that Europeans often find bitter and facilitating more rapid absorption into the body than traditional *rilbu*. The capsules are sealed in plastic and aluminum foil blister packs (FIG. 3.17).

Many physicians would agree that medicine in powdered form is more effectively absorbed by the body than in pill form. However, Tibetan medical doctors consider a medicine's taste on the tongue crucial for proper absorption and full effect, and their patients often prefer pills and powders to capsules. Medicines in pill form also have standard sizes that are widely known — for instance, the reddish-colored *Agar 35* pills are large and one pill equals one dose, while the dark, black *Kyunga 5* pills are tiny, almost the size of homeopathic globules, and five of these count as one dose. One standard dose of most Tibetan medicines consists of three pills, with adjustments to doses for children and the elderly. For medicines in powder form, there have also been regionalized, standard measurements, usually controlled by the use of medical spoons, rather than weight. Capsules are not yet widely used for medicine in Tibet but are common for products exported to China and abroad.

Chapter 12 of this publication details the historical background to how two formulations produced by Padma Inc. today — *Padma 28* and *Padma Lax* — originated from recipes that reached Switzerland by a circuitous route from Buryatia, via St. Petersburg and Poland. They came into the hands of an enterprising pharmaceutical firm manager, who started the first production in Switzerland in 1969. Over the decades the company's products have been adapted to

their location, with the help of knowledgeable Tibetan and Buryatian pharmacists, doctors, and researchers.

The company has most recently added *Padma Digestin* to its product range, bringing the total of Tibetan medicines produced and sold in Switzerland to eleven. *Padma Digestin* is based on a common Tibetan medicine, *Sendu 5*, which is made with many variations, and is very common throughout Tibet, the Himalayas, and India. The famous twentieth-century Tibetan medical master Troru Tsenam is said to have prescribed a variety of it to almost all of his patients, as it enhances digestive heat seen in Tibetan medical physiology as the basis for proper transformation of nutrition into the formation of the seven bodily constituents (see chapter 1). When manufacturing *Padma Digestin*, Schwabl said the company “follows the classic formulation from the Lhasa and Dharamsala Mentsikhang.” The product now available is the result of adapting initial recipes and formulas based on input from pharmacists, physicians, and consultants, followed by clinical trials.

In several European countries, Padma products can now be purchased over the counter in regular pharmacies and are also prescribed by biomedical doctors. In Switzerland the costs of two of their medicines are covered by the national health insurance plan when prescribed by a biomedically qualified and licensed physician.

While the company has seen great demand for its products, some of its greatest challenges involve navigating the complex regulatory requirements of European Union nations. The company must provide convincing evidence in terms of conventional Euro-American medical sciences that its medicines are effective before drug registration — a process that takes years and needs to be repeated in each European country. Drug registration is particularly complicated because of the multicomponent nature of Tibetan formulas. One formula can have over twenty ingredients, all of which have to be individually tested before the medicine's overall efficacy can be clinically tested and approved. The first Tibetan medicine meeting such requirements in Europe was *Padma 28* (first in Switzerland and Austria). It was in fact the first formula from an Asian medical system that gained pharmaceutical status in the European Union. However, a successful application for drug registration in other EU member states is far from guaranteed, even if the same product has been sold in other countries for years and has proven its value and safety.

With official pharmaceutical status, *Padma 28* can be described on the package as a “medicinal product made in Switzerland according to a proven recipe of Tibetan medicine.” Additional information reads, “According to the



tradition of Tibetan medicine, the product has circulation-stimulating and anti-inflammatory effects and antibacterial properties in respiratory-tract infections. This is due to the multi-target concept of the formula with its many active substances”; a list detailing the amount of each ingredient per capsule is also provided.³²

It takes little training in the social sciences or humanities to appreciate that medicines produced by Padma Inc. reflect processes of “globalization,” the previously mentioned “worlding” of Tibetan medicine. These changes are far from unilinear or predictable. Rather, as more in-depth studies are likely to confirm, the formulation of Padma’s Tibetan products has been modified as the medicines and associated protagonists made their way through such places as Dharamsala, Aginsk, St. Petersburg, Labrang, and Mongolia to Switzerland. In the case of *Padma 28*, it has been suggested that the formula evolved from *Gabur 25*, a classic Tibetan formula, which is also made in the Himalayas, the Tibetan Plateau, Mongolia, and Buryatia. The same holds true for Padma’s two other main products, *Padma Digestin* and *Padma Lax*. *Padma Digestin* is based on *Sendu 5* (*Se ’bru 5*), while *Padma Lax* seems to be an adaptation of various Tibetan and Buryatian formulas for digestive problems, including constipation, such as *Shije 6* (*Zhi byed 6*) and *Shije 11* (*Zhi byed 11*), which are also widely used to aid in child-birth and stop post-partum hemorrhaging.³³ More research is needed to follow the exact trajectory of these medicines and how they evolved en route.

Padma has chosen to make its packages appear to present an ordinary Swiss pharmaceutical product. In Asian markets, however, Buddhist symbolism remains crucial in

promoting Tibetan medicine, Buddhism serving as a prime marker of “Tibetanness,” while at the same time companies must underline the “science” of Tibetan medicine.³⁴ To represent both these symbolic domains is especially necessary when marketing Tibetan medicines to tourists and in the Chinese domestic market, where consumers are enamored with Tibet, seeing it as a Shangri-la and Buddhist pure land (FIG. 3.18, see also chapter 6). The reluctance on the part of Padma to allude to any Buddhist connections in its products is of interest, given that a significant number of the company’s customers are Western Buddhists and Tibetans who have settled in Europe. Perhaps it is a tacit acknowledgment that in the modern world people do not like to be identified as holding either secular or religious worldviews.³⁵

* * *

This essay has introduced readers to some important Tibetan pharmaceutical principles, such as the six tastes, *nupa*, efficacy, and the notion of hot and cold. We saw how these principles underpin pharmaceutical production in two locations, among two professional groups dealing with greatly varying epistemological, scientific, and legal paradigms. So much had to be left out. Tibetan pharmacology is a vast topic, one that lies close to the hearts of many practitioners past and present. Together their accumulated knowledge and transmitted experience leaves one humbled. This feeling pervaded when I recently participated at a workshop on non-standardized medicine production in Kathmandu.³⁶ The thirty-five participants, who hailed from several different locations on the Tibetan Plateau, Ladakh, and the Nepalese Himalayas, embodied a unique and intriguing assemblage of knowledge of historical and recent textual resources, personalized skills, and experience. I observed much shared theoretical terrain across various geographies, languages, and environments and recourse to a shared pool of literature. There was also great diversity, the result of the need to adapt the production of medicine to particular circumstances. Both Lobzang Tashi at the monastery clinic in Tibet and Helmut Schwabl and his team at the Swiss pharmaceutical company use some of the same texts and Sowa Rigpa formulas. But these textual sources and prescribed formulas are interpreted in different ways. This highlights continuity and adaptation in the cosmopolitan, translocal nature of Sowa Rigpa.

When presented with the often-asked question of whether Tibetan medicines really work, practitioners at the monastery clinic responded in several ways. Since the pharmacists themselves are directly engaged in the clinical work at the monastery and use the same medicines that they

3.18 Marketing of Tibetan medicines for Chinese tourists. Tibet Autonomous Region, China

The packaging features references to Buddhism with a Gelugpa monk and a plastic Dharma wheel.

produce, they are ideally positioned to closely follow the effect of the medicines on patients. Efficacy is established through parameters found in the taste of pills and the qualities of the pulse. With intimate knowledge of the particularities of a given batch of medicine, they are able to control the contents and adjust them in the next round of production, if needed, or adjust the therapy regimen of the patient. Many doctors in Tibet and Nepal think it is essential to preserve production and practice under one roof.

At Padma medicines are evaluated through in-house and external laboratory tests, the results of which are the ultimate identifiers of the quality and status of ingredients. Assessment of morphology and taste are almost nonexistent there. A Tibetan medical doctor would judge the subtle differences of each batch, its hotness, bitterness, or astringency, in relation to its region of origin, and would then make adjustments accordingly. This would never happen at Padma, whose drugs have been admitted to the market because the company has conducted trials based on standard recipes and needs to provide proof that the facility follows them without fail.

Many of Padma's drugs are sold over the counter in Switzerland, Austria, Italy, and Germany. Prescriptions are only needed if a patient wants to claim reimbursement from an insurer. Biomedical doctors who might prescribe these drugs are unlikely to have any in-depth Tibetan medical skill and knowledge and will mainly be guided by information on

packages, documentation from the company, and research literature.³⁷ It is not often that a patient taking one of Padma's medicines would receive a follow-up examination by a practitioner trained in Tibetan medical pulse reading and other diagnostic methods that can help to know the effect of the medicine on this person's *nyepa*.

In the large pharmaceutical factories in Tibetan areas of China, both biomedical and Sowa Rigpa epistemologies are employed, possible because of the often dual training of Tibetan medical personnel, and the presence of Tibetan medically trained pharmacists as well as researchers trained in Western pharmaceutical methods.³⁸

Tibetan pharmaceutical production has never been a purely local phenomenon. People have long been trading medical materials, texts, and knowledge over vast distances. Tibetan medicine's ties to Indian *materia medica* is perhaps strongest, but Tibet also exported important medical materials to the subcontinent and the Mediterranean, most famous perhaps the sought-after Tibetan musk. Tibet can hence be seen as a center for medicine that actively incorporated and interacted with its periphery, a symbol that has long-standing cultural reference in Tibetan ideas and the iconography of the mandala — or in Tibetan *kyilkor* (*dkyil 'khor*) meaning "center and periphery." Whether in the current phase of industrialized Tibetan medical production Tibetans will stay at the center or move toward the periphery of authority over new developments and medical markets remains to be seen.

Chapter 4

External Therapies in Tibetan Medicine: The *Four Tantras*, Contemporary Practice, and a Preliminary History of Surgery

Pasang Yonten Arya



A ninth-century illustrated manuscript in the Tibetan language from Dunhuang, in western China, depicts a basic set of moxibustion points on the body, an indication that the practice of external therapies probably existed in Tibet and/or its border regions more than a thousand years ago (FIG. 4.1).¹ This predates by three centuries the development of the *Gyushi*-based system of Sowa Rigpa, or Tibetan medicine, whereby moxibustion became an integral aspect among the four main therapy options of a physician — diet, behavior, medicines, and external therapies. When Yuthog Yonten Gonpo (ca. 1126–1202 CE) compiled the *Gyushi*, or *Four Tantras*, he systematized external therapies that were widely used in his time and those he found discussed in other medical literature. The last volume of the *Four Tantras* summarizes the main Tibetan medical external therapies, the “five therapies” (*dpyad lna*).² Yuthog Yonten Gonpo most likely incorporated existing practices and knowledge of external therapies from Tibet and surrounding areas into the *Four Tantras* (see chapter 8). He included such knowledge and practices in the wider theoretical framework outlined in the four volumes of the *Four Tantras* (*Root Tantra*, *Explanatory Tantra*, *Instructional Tantra*, and *Last Tantra*). Over the centuries the *Four Tantras* became a standard medical treatise in Tibet, the Himalayas, and Mongolia, and many commentaries and much of contemporary Tibetan medical practice still revolve around it, as is evident throughout this publication.

In discussing instruments used in external therapies, the *Last Tantra* classifies external therapies into mild (*jam dpyad*), rough (*rtsub dpyad*), and drastic therapies (*drag po'i dpyad*), a classification that structures the first part of this chapter. Other external therapy practices include golden needle therapy and the “children’s sunken liver mirror therapy” that developed outside of and probably later than the *Four Tantras* system. The second part of the chapter attempts to provide a brief history of certain Tibetan surgical traditions, primarily “spoon” surgery (*thur dpyad*) and cataract surgery (*mig 'byed*). Many of these techniques are now no longer within the therapeutic range of most Tibetan physicians.

EXTERNAL THERAPIES IN THE *GYUSHI* AND CONTEMPORARY PRACTICE

In the context of the *Gyushi*, external cures and therapies are discussed in the *Explanatory Tantra* (chapter 22) with descriptions of medical instruments,³ and the *Last Tantra* (chapters 20–25) details each of the five therapies (blood-letting, moxibustion, compresses, external [oil] applications, and surgery).⁴ Some of these are shown on the last branch of treatment on the Tree of Therapy in the Tibetan medical

paintings (see FIG. 0.1), where they are classified according to the *nyepa*. This branch illustrates and labels two external therapies for *lung*-, three for *tripa*-, and two for *beken*-related conditions, using the usual color scheme of the medical trees (blue for *lung*, yellow for *tripa*, and white for *beken*).

In the contexts of the *Four Tantras* and its related medical paintings and practices, external therapies are generally seen to drain or eject a disease from a patient’s body, thus reducing pain. They are the last of four principal treatments in the *Four Tantras*, considered the strongest and also most effective. The exact choice of treatment and therapies, their sequence and combination, is determined by the physician based on detailed diagnosis of patients. The *Four Tantras* devotes a chapter to each of the five therapies and divides external cures into mild (including fomentation, the use of spring and medicated waters, oil massage and application); rough (such as moxibustion and bloodletting); and drastic therapies, including surgery. Underlying these therapies is the *Four Tantras*’ theory of the three *nyepa* (see chapter 1). For centuries, these have been used to treat disease in Tibet, some only by physicians, others also by lay Tibetans.

Mild External Therapies

FOMENTATION In fomentation, or *dug* (*dugs*), medicinal substances are applied either as raw materials or poultices, which are placed on a point of pain or an area linked to a particular disease. According to the nature of the disorder, either cooling or warming fomentations are used. Cooling fomentation relies on cold substances or objects, such as water, ice, water stone (*chu rdo*),⁵ a water bottle, wet clothes, iron, or clay. For dispersed fevers (*grams tshad*), disturbed fevers (*'khrugs tshad*), and fever pains, the *Four Tantras* prescribes fomentation of “stargazing” water, or *karchu* (*skar chu*).⁶ To relieve pain caused by a cold (*cham pa*), disturbed fever, spread fever (*tsha ba byer ba*), or chronic fever (*rnying tshad*), the *Four Tantras* instructs the spraying of *karchu* onto the face, head, and shoulder of the affected person. For swellings of the eye or face, as well as bruises and general swellings, cold water or a piece of cold iron should be applied, such as the tip of an iron plow (*thong lcags*) or a spade. To heal diseases that attack and block the throat and are caused by poisoning from meat, a mixture of powdered white aconite (*bong nga dkar po*) and snow water is indicated. This mixture is put into an animal bladder or on a clean cloth and then applied to the throat. For colic pain, white aconite and *zhu mkhan* are combined with cold water before application. There are twelve different kinds of cold fomentations explained in chapter 22 of the *Last Tantra*,⁷ all of which are placed on particular locations or painful parts of the body.

Tree Medicines from Jampal Dorje’s *Beautiful Marvelous Eye Ornament*, Mongolia; 19th century. Part II, folio 10 *recto* & 10 *verso*. Reprinted in *Satapitaka Series* (Vol. 82), New Delhi, International Academy of Indian Culture, 1971. Tibetan Buddhist Resource Center. W30452

In warming fomentation, heated substances such as salt or sand, stones, water bottles, toasted grains, good quality herbs of warming nature, and soil are placed on body parts to stimulate them, increase the body's heat and metabolic force, and/or remove cold diseases. Among the twenty-one warming fomentations described in the *Last Tantra*, the following applications serve here as examples.⁸ For indigestion and colicky abdominal pains (derived from "cold bile" and "bile phlegm"), salt or salt packages that have been heated in a pan are placed on certain parts of the body. Against "wound blood stagnation" caused by injury, internal bleeding, or injured channels, "dark water stones," which have been collected from waters that are always in the shade, are warmed up in fire (to extract all humidity from them) and then applied to the affected area. For "liver blood stagnation" (*mchin khrag 'khyags pa*), warmed-up moss (*grog shing*) mixed with toasted barley (*yos*) is used. "Cold kidney"⁹ pains and urine retention should be treated with dried cow dung (*lci ba*), first warmed in a pan over fire then put in a cotton bag before application. After childbirth, for post-delivery pains in the lower abdomen, hips, and area of the kidneys, fomentation should be prepared with soil found in a mouse hole facing east (*byi khung shar bltas sa*) that is mixed with *chang*,¹⁰ warmed by fire, and applied.

All these substances are in everyday use in Tibetan and Himalayan areas and therefore easily (and often freely) available in any part of the country. Many people, especially Tibetan women, in remote areas where doctors are often unavailable know about such therapies as a way to alleviate common aches and pains.

SPRING WATERS AND MEDICATED BATHS Therapeutic use of water is widespread among Tibetan people and especially in the Tibetan medicine tradition. While different types of drinking waters are discussed in the texts, we focus here only on hot springs, or *chutsen* (*chu tshan*), special cold showers (*chu yi 'khrul 'khor*), and medicated baths (*lums*).

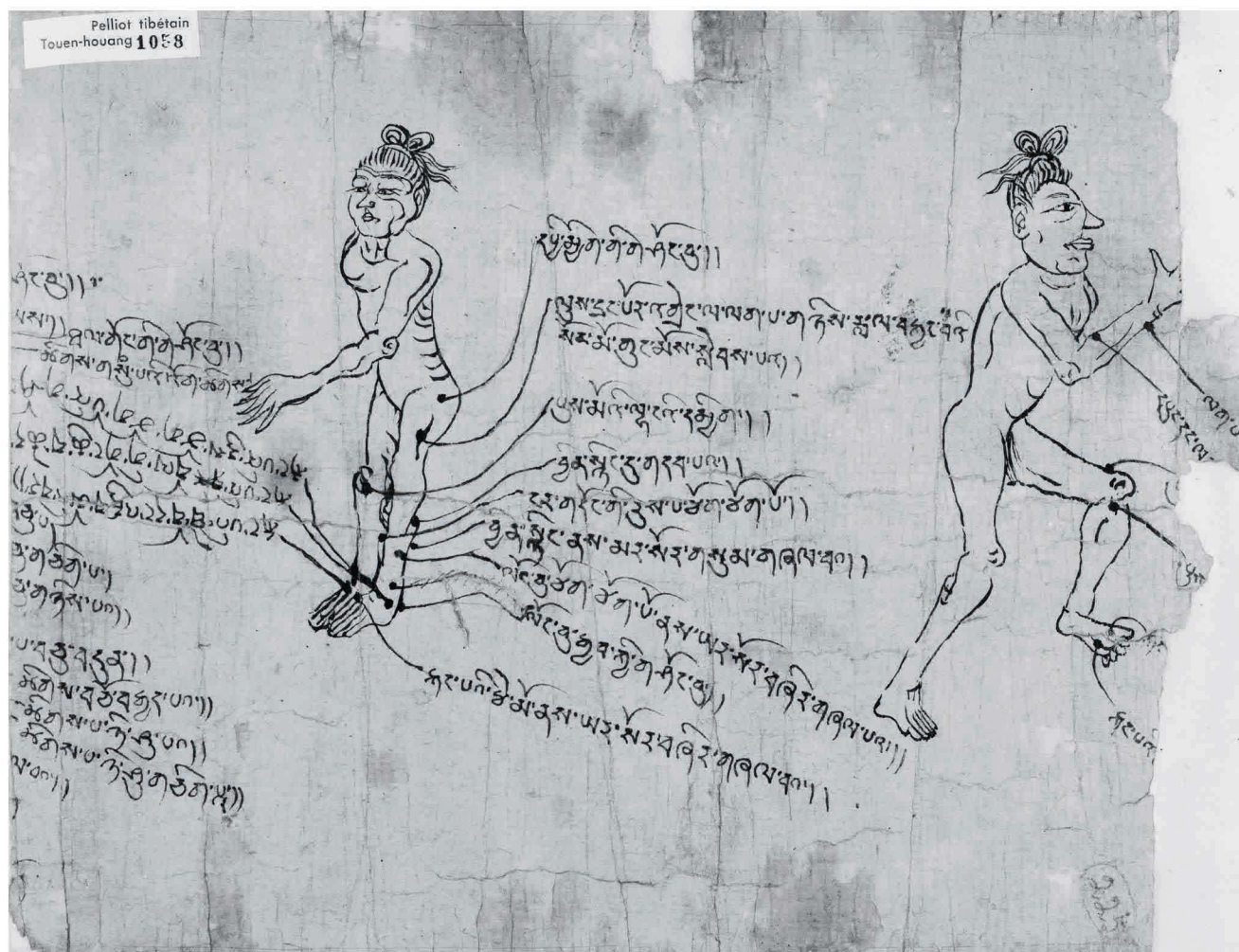
Hot thermal baths are especially widely commented upon in the medical tradition, probably owing to the cold climates where Tibetan medicine initially developed and was practiced. Desi Sangye Gyatso elaborated on the quality and therapeutic use of different hot springs in his famous *Four Tantras* commentary, *Blue Beryl* (1688), which was illustrated in the medical *thangkas* (see FIG. 3.4).¹¹ Deumar Tenzin Phuntsog even described 101 different kinds of hot spring waters in his pharmacology and pharmacognosy texts.¹² Generally speaking, Tibetan medicine recognizes five principal types of hot springs, each with five subdivisions. Tibetan physicians have classified the different characteristics of the waters and

their effects on various disorders, according to the presence of different combinations of mineral stones in the immediate vicinity of the springs (coal, limestone, and various combinations of other minerals). Hot springs with surrounding rock rich in coal (*rdo sol*) and calcite (*chong zhi*) are considered to cure chronic inflammation, "hidden fever" (*gab tshad*),¹³ and orthopedic disorders. Similarly, hot springs associated with high levels of coal and sulfur (*mu zi*) are held to be curative in cold and lymph disorders, but with a tendency to increase wind disorder. Combined disorders of bile and phlegm can be cured by hot spring water that is rich in coal and mineral pitch (*brag zhun*). This is considered especially good for bile and inflammation-related disorders of the digestive system. Hot spring waters dominated by coal, calcite, and sulfur have a neutral or balancing quality and cure all chronic diseases, especially those of a cold and phlegm-damp nature (*badkan grang ba*), such as various kinds of rheumatism and arthritis. Cold lymph disorders (*chu ser grang ba*) and chronic inflammation (*rnying tshad* and *'grams tshad*) caused by a combination of the three humors — wind, bile, and phlegm — will be positively affected by bathing in hot springs where the area is rich in coal, sulfur, mineral pitch, and red arsenic (*ldong ros*).

Hot spring waters are generally indicated for chronic hidden fever, chronic fever (*rnying tshad*), chronic rheumatism (*'grum bu'i nad*), arthrosis and arthritis (*tshigs grum*), skin problems, "cold kidney" disorder (*mkhal grang*), joint pains, nerves, and chronic wind disorders, neurological and muscular diseases (*rtsa dkar chu rgyus ned*), paralysis (*rtsa grib nad*), dry skin, stress, and burnout syndromes. For these conditions regular bathing in hot spring waters is held to provide curative and therapeutic effects. To determine the duration of the use of hot springs (including the ideal hours of the day for bathing) and of complementary practices requires the advice of a Tibetan medical doctor. Usually several weeks of such therapies are needed to bring beneficial results. Patients also receive oil massage, oil therapy, moxibustion, and *horme* therapy (see below), and are given nutritional advice by their doctors.

Medicated baths are prepared with a decoction of herbs, which is added to warm bath water with a small amount of *chang* (barley beer). The most popular and a widely praised medicated bath in Tibetan medicine is referred to by the poetic name "five nectars bath" (*bdud rtsi lnga lums*). The decoction used has five main herbal ingredients, or "nectars": "human nectar,"¹⁴ referring to the dried leaves of a type of rhododendron (*ba lu*); "deva's nectar,"¹⁵ from the leaves of juniper (*shug pa*); "tsen spirit nectar,"¹⁶ found in the trunks and leaves of *mtshe ldum*; "naga spirit nectar"¹⁷ from dried leaves of *hom bu*; and finally, "nectar of the eight classic spirits,"¹⁸ which

4.1 Earliest Tibetan Moxibustion Manuscript and Illustration with 19 points of application. Dunhuang, Western China; 9th century. Ink on paper; 25 x 30 cm. Bibliothèque Nationale, Paris. Oriental Manuscripts (P. T. 1058)



refers to the leaves and stem of a sub-species of artemisia ('*khen pa*).

General benefits considered to result from medicated baths are an evacuation of excess of body heat and accumulated "yellow fluid" (*chu ser*) through the body's pores. Medicated baths control and calm wind disorders, reduce swellings, and increase body weight, especially in cases when weight loss occurred due to aggravated wind.¹⁹ Several contemporary Tibetan medical clinics and hospitals, such as the Lhasa Mentsikhang, feature specialized, well-equipped departments for the application of medicated baths.

MASSAGES AND OIL APPLICATIONS Chief among Tibetan medical massage therapies are *kunye* and *jugpa*. *Kunye* massage (*bsku mnye*) is a practical and effective method to restore energy in the body and keep the three *nyepa* in balance. The term derives from *ku* (*bsku*, anointing [the body]) and *nye* (*mnye*, rubbing, massaging). In *kunye*, the body is massaged with (oily) substances, such as butter. It

is based on the *Last Tantra* texts on oil massage (*snun byug*) and *jugpa* application, in which oil massage is discussed as an especially effective method for wind or mind-originated disorders. It is also shown on the Tree of Treatment, in the leaves of therapy related to *lung* on the last branch.²⁰ Gradually, *kunye* emerged as an independent and supplementary therapy to alleviate many modern complaints and conditions, such as those resulting from stress and tension. *Kunye* massage is less practiced in Tibet itself than among the Tibetan exile community in India, and nowadays also globally.

Oil application and massage are powerful therapies for controlling wind and to aid relaxation. They can also be used for dry skin, muscle shrinkage, insomnia, arthrosis, conditions related to menopause, and other problems.

Four types of oil are used in the practice of *kunye*: from seeds such as sesame or mustard; clarified butter, or ghee (*zhun mar*); from bone marrow; and from fats of various animals. Other medicinal ingredients can be added, or

readymade essential oils used, according to the need of the patient. A wind disorder, for example, indicates the use of oils enriched with essences of pine, juniper, artemisia, nutmeg, or other essential oils of warming nature. Bile-related ailments demand oils fortified by essences from eucalyptus or sandalwood, or other cooling essences combined with those of camphor (*ga bur*). For phlegm imbalances, essences with drying and warming qualities, such as ginger (*Alpina galanga*, *dong gra*), or cinnamon are used.

Jugpa (*byugs pa*), another form of application, requires richer and thicker oils and fats on the body than modern-day *kunye* massage. The *Four Tantras* states that application of *jugpa* prolongs one's lifespan, increases the digestive fire, or *medro*, and improves memory. Once *jugpa* substances are applied, the points of application are rubbed with roasted barley flour, or *tsampa* (*rtsam pa*), which absorbs the oil. As in *kunye*, special oils are prepared according to specific complaints and conditions. Skin disorders that cause itchiness require equine fat. For loss of kidney heat or semen or for white discharges, oils produced by the otter or marmot are used. Removal of facial acne, as well as treatment of its scars and scars in general, calls for the root of 'bri mog, soaked in goat's fat. "White cataract," a Tibetan subcategory of cataracts understood to result from wind disorder, can be treated with warm massages in the center of the feet, using clarified butter that has been medicated with cumin or caraway seeds. In general, massages with clarified butter are used to increase awareness. Applications of mustard seed or sesame seed oils are used for wind disorders, insomnia, dry skin, an unstable mind, a thinly built body, or one that is affected by a wind disorder or constipation, and when one has a desire to gain weight. Bone marrow fat during *jugpa* application is used for menopausal hot flashes, problems after childbirth (such as failure to deliver, or incomplete delivery of, the placenta), bodies weakened by hard work, loss of energy, and loss of speech or vertigo caused by blocked wind channels (*rlung rtsa*). Animal fats are also considered to have a significant curative effect when applied to burns, wounds, and painful joints, or in uterine diseases.

Rough External Therapies

The final two of the "five therapies" are the twin therapies of moxibustion and bloodletting, which the *Last Tantra* classifies as "rough therapies," along with "surgery puncture," or *ugpa* (*dbugs pa*), discussed later in this chapter.

MOXIBUSTION: EARLY HISTORY AND MEDICAL TEXTS

The ninth-century Dunhuang manuscript suggests that Tibetan-style moxibustion — *metsa* (*me btsa'*) or "fire healing

therapy" — has probably been in use for centuries in Tibetan areas, the high Himalayas, and Mongolia. In China, Korea, and Japan, different traditions of moxibustion flourished, and the English term "moxibustion" derives from the Japanese word for the mugwort plant, *mokusa*. English speakers in the seventeenth century most likely spelled this phonetically as *moxa*.²¹

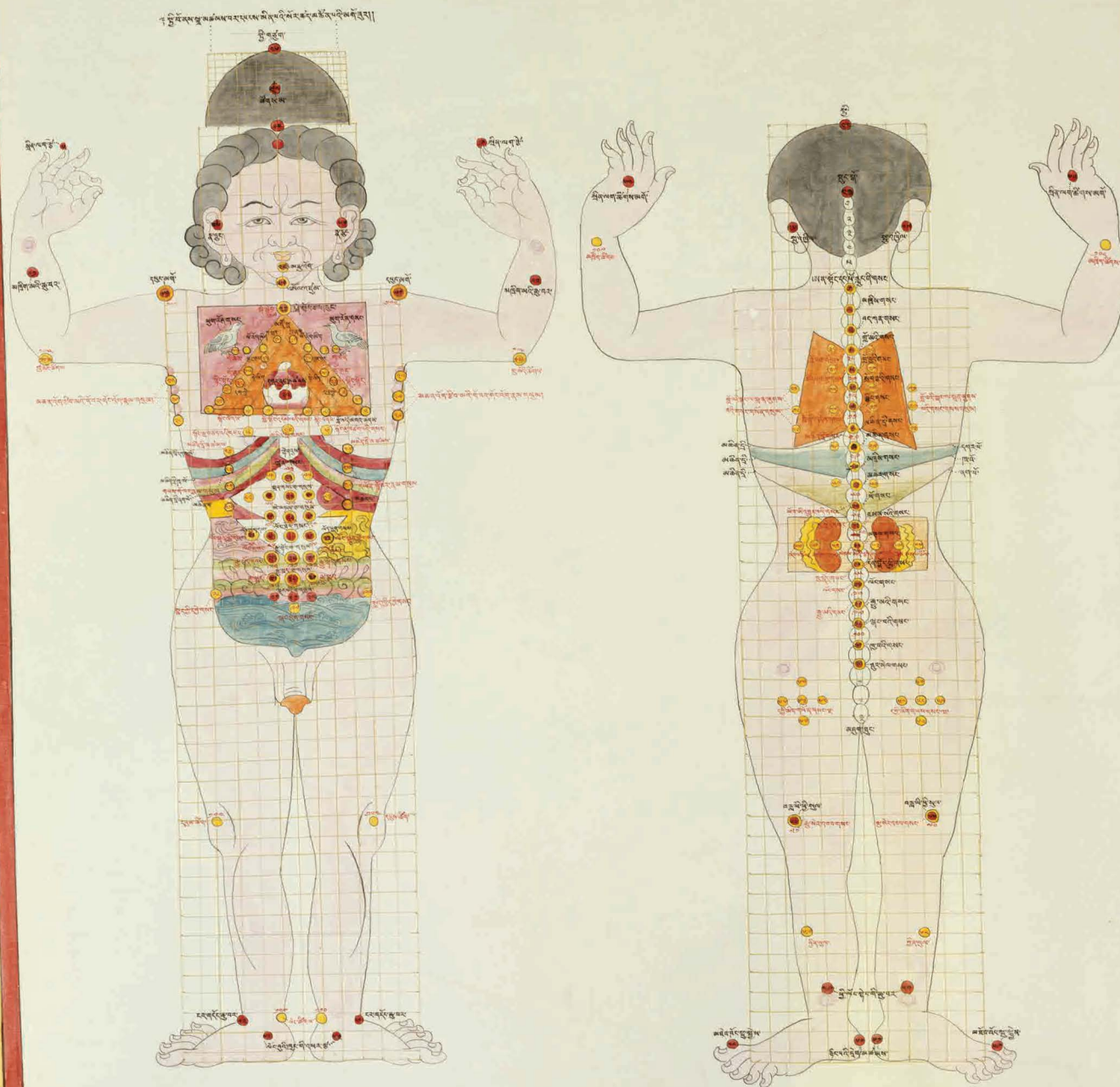
The Dunhuang manuscript, the first historical record of moxibustion in the Tibetan language, was found among thousands of manuscripts in Chinese, Tibetan, and other Central Asian languages in caves in Dunhuang, a stop on the Silk Road in the desert of western China. Uncovered in the early twentieth century by the explorers Paul Pelliot and Aurel Stein, they had been untouched for over a millennium and owed their good condition to the dry desert climate of the area.²² The Tibetan moxibustion illustration (catalogued as P.T. 1058) depicts two standing figures with nineteen clearly marked points: thirteen on the left figure and six on the right (FIG. 4.1). Most of these points carry a label to either side of the figure. This illustration correlates somewhat with a Chinese medical manuscript with similar points and style of drawing.²³ The points of the Tibetan Dunhuang manuscript (P.T. 1058) can also be compared with points mentioned in three other important texts on Tibetan-style moxibustion: *King of the Moon*, an important early Tibetan medical treatise (see chapter 8), the *Four Tantras*, and the seventeenth-century text by Deumar Tenzin Phuntsog.²⁴

The nineteen moxa points in the Dunhuang manuscript not only overlap with some of the points described in much later writings, but they continue to be used in contemporary moxibustion practice. However, the moxibustion practices in the Dunhuang manuscript cannot perhaps be categorized exclusively as Tibetan medical practices, since in centuries before the manuscript was sealed in the Dunhuang cave, there had been much contact and exchange among Chinese, Tibetan, and Central Asian religious and medical practitioners.

Later and more systematic, in fact more medical, descriptions and instructions for moxibustion are found in the *King of the Moon* treatise.²⁵ Furthermore, "fire heating therapies" were also mentioned in Vagbhata's *Heart of Medicine*, which had been translated from Sanskrit into Tibetan by the eleventh century and was widely used. These two works, together with common practices and the personal experience of doctors of the time, formed the basis for Yuthog's discussion of moxibustion in the *Four Tantras*.

Today Tibetan medical practice of moxibustion is by and large based on chapter 21 of the *Last Tantra*, with supplementary information from the *King of the Moon* treatise and illustrations. In addition commentaries on the

4.2 Moxibustion
according to the *Gyushi's Last Tantra* and its *Blue Beryl* commentary. Plate 71 of the Tibetan medical paintings (Ulan Ude set). Lhasa, central Tibet; early 20th century. Pigments on cloth; 86 × 68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia



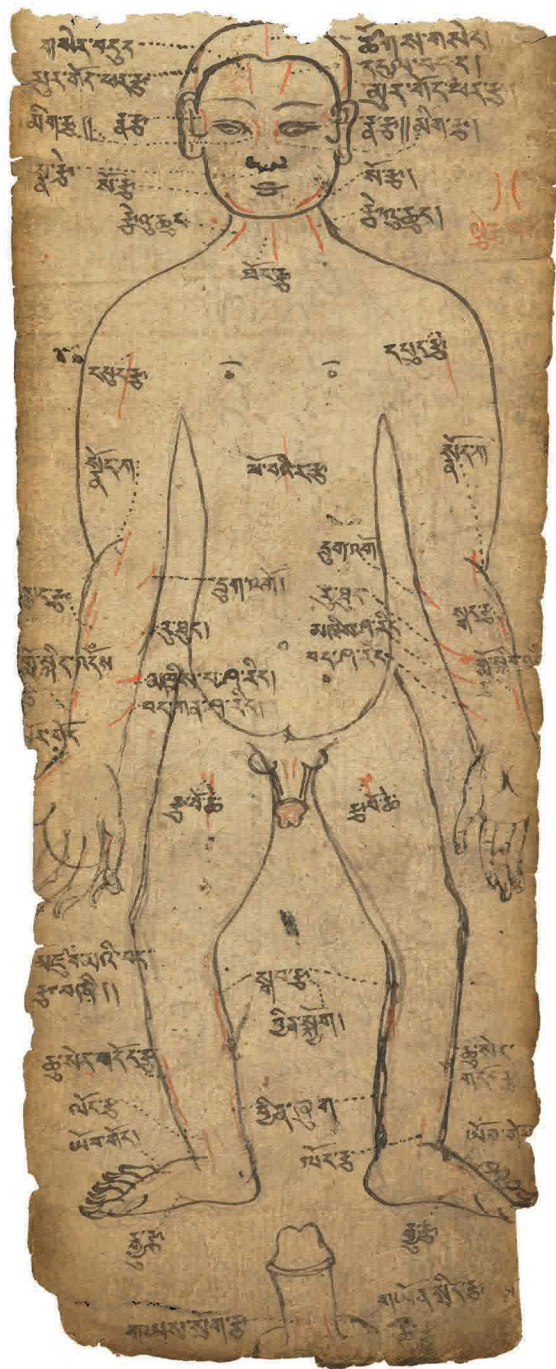
୨୫ । । ସ୍ତ୍ରୀମାନଙ୍କର ଶରୀରରେ ଥିବା ଚକ୍ରମାନଙ୍କର ସ୍ଥାନ ଓ ନାମ ଓ ଚକ୍ରମାନଙ୍କର ସ୍ଥାନ ଓ ନାମ । । ସ୍ତ୍ରୀମାନଙ୍କର ଶରୀରରେ ଥିବା ଚକ୍ରମାନଙ୍କର ସ୍ଥାନ ଓ ନାମ ଓ ଚକ୍ରମାନଙ୍କର ସ୍ଥାନ ଓ ନାମ । । ସ୍ତ୍ରୀମାନଙ୍କର ଶରୀରରେ ଥିବା ଚକ୍ରମାନଙ୍କର ସ୍ଥାନ ଓ ନାମ ଓ ଚକ୍ରମାନଙ୍କର ସ୍ଥାନ ଓ ନାମ । ।

topic by numerous Tibetan physicians and scholars are also followed, such as in Desi Sangye Gyatso's *Blue Beryl* and the medical illustration of chapters 21 and 25 of the *Last Tantra*. Figure 4.2 shows these in combination, a total of seventy-one moxibustion points — twenty on the posterior side of the body (*rgyab gsang*), twenty-two on the anterior side of the body (*mdun gsang*), and twenty-nine on the head and the limbs — and so-called finger finding points (*mdzub tshugs gsang*), the term referring to the fact that these points need to be found by using finger widths (see below for further explanation, and FIG 2.14, left side). Soon after Desi Sangye Gyatso, Deumar Tenzin Phuntsog (1672–?) from the Zur tradition²⁶ expanded the number of moxa-points to almost three hundred twenty-two.²⁷

THE APPLICATION OF MOXIBUSTION Tibetan moxibustion is used on points on the body called *mesang* (*me gsang*, fire points) or simply *sang* (*gsang*, point) (FIG. 4.3). These are points on channels through which the body breathes the humors, connects organs, and carries diseases (see also chapter 2 on the subtle body). This system is not the same as the Chinese medical concept of meridians, where channels are pathways for *qi*, a concept that is difficult to define. In contrast, literal simple description of the points, as given in the *Four Tantras* and Desi Sangye Gyatso's medical texts, is that these *sang* and *mesang* are like holes in a bamboo basket signifying the body. Thus practitioners of Tibetan medicine perceive the body to have many natural holes, or windows, which are connected to channels and the bodily organs. Some moxa points are natural points of organs, or *rang sang* (*rang gsang*), for instance the upper chest point (*drang gzhung dkar nag gsang*). Others, meanwhile, are referred to as *nyepa* points (*nyes pa'i gsang*), and include the points on the first three vertebrae (according to Tibetan anatomy), which correspond to a seat or outlet of each of the three *nyepa* of *lung*, *tripa*, and *beken*. The principal material needed for the practice of moxibustion is moxa wool, or *trawa* (*spra ba*). This is generally produced from the leaves of the mugwort plant (*Artemisia vulgaris* and other *Artemisia* species) and thin, handmade Tibetan or Nepalese paper.

Owing to the mugwort plant's wide availability in Tibet and simplicity of preparation and despite the historically small numbers of trained *amchi*, the use of moxibustion was extensive. Many men, including my father, would carry a small box containing moxa wool with them at all times, ready for use in the home or while traveling, on animals as well as humans. I recall my father quite often using this moxa treatment on family members and others, and especially in animal fractures. Much of the knowledge of moxibustion

overlapped with that of cauterization using heated metals, a treatment that was also performed on animals. There are many different types of mugwort and they can be found in all parts of Tibet. Mugwort is also commonly used in Tibet as an ingested medicine for colds, in medicinal baths, and in incense. Furthermore, it is commonly burned and used to purify the environment in Buddhist rituals relating to people, animals, and houses.



4.3 Various Bloodletting Channels and Moxa Points. One of a set of three ink drawings. Tibet; early 20th century. Wellcome Library, London, no. 581553i

4.4 Application of moxa on one of the head points (*mtshog gsang*). Gye village, Ngamring County, Tibet Autonomous Region, China, 2007

The texts and oral traditions hold that the mugwort leaves intended for moxa should be collected in the three autumn months of the Tibetan calendar, equivalent to the Western months of September, October, and November. For safe and effective use, moxa requires careful preparation. Moxa made by hand is considered more effective than commercially produced moxa cones or moxa sticks. To prepare moxa, the fluffy leaves of a mugwort plant are collected and dried, then crushed and separated from any branches inside a cotton bag. Once the coarse bits are removed, the leaves are softened by the use of a brush or broom. Now ready for use, the wool can be stored for many years. Just before application, handmade Tibetan paper is cut into two-square-inch pieces. A small amount of moxa wool is placed in the center of the paper. The wool is then rolled up inside the paper. This object should then be even more tightly rolled in the palms of the hands to make it hard. This stage leads it to become shaped like a tiny young carrot, which can then be cut in the middle to produce two cones.

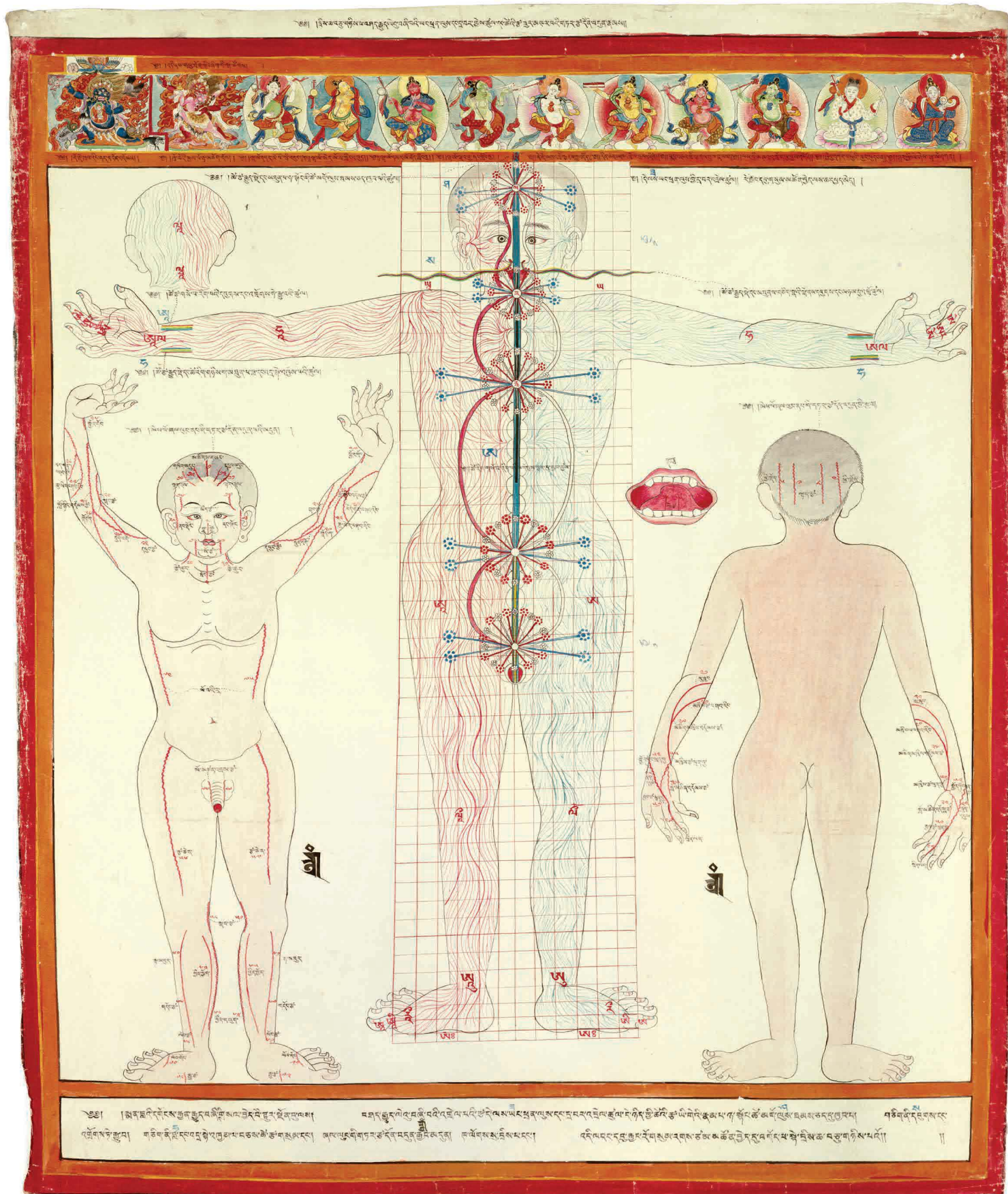
Differently shaped and sized moxa are required according to anatomical factors as well as the nature of the disease. For example, moxa placed on the vertebrae should be the size of a fingertip, while moxa for the head, arms, and front of the body should be slightly smaller, the size of a little fingertip. Moxa to “close the channels,” meanwhile, should be flat and the size of a bean. Moxa cones for “cold” tumors (*bras*) and lumps and swellings (*skren*) should be thumb-size. On children only tiny moxa cones should be used. Moxa placed on children to treat *lhen sna* (xiphoid process or upper part of the stomach) should have the proportions of a tiny bean. From this, one can clearly see the advantage of handmade moxa, given that the size and shape can be adjusted for different patients and treatments.

There are four kinds of moxa applications, and they differ in the strength of the heat they emit. The *Four Tantras* describes them as follows: cooking moxa (*btso ba*), a method whereby the points are continuously heated up to twenty times (used to treat tumors and swellings); burning moxa (*sreg pa*), the direct and repeated application of moxa that burns the skin (used for phlegm disorders such as lymph disorders or cold edemas as well as for “wind in the heart” symptoms, including panic attacks and phobias); heating moxa (*bsro ba*) the application of direct and indirect heat to the skin, which should be repeated five or seven times; and finally, warming moxa (*sdig pa*), which acts only to warm the skin and is used mainly in children.

Moxa should not be placed directly on the skin. Traditionally, a small amount of garlic or onion juice is first put on the selected points. The tip of the cone is set alight



and while the moxa burns toward the skin of the patient, it is blown upon from time to time (see FIGS. 4.4 and 4.5), while the physician would ideally invoke the Medicine Buddha Bhaiṣajyaguru by reciting his Sanskrit mantra (in Tibetan pronunciation):



4.6 Circulation of *La* in the Body. Plate 12 of the Tibetan medical paintings (Ulan Ude set). Lhasa, central Tibet; early 20th century. Pigments on cotton; 86 × 68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia

OM NAMO BHAGAVATE BHAIṢAJYAGURU
VAIḌŪRYA PRABHĀRĀJAYA TATHĀGATĀYA ARHATE
SAMYAKSAMBUDDHĀYA TADYATHĀ OM BHAIṢAJYE
BHAIṢAJYE MAHĀBHAIṢAJYE RĀJASAMUDGATE
SVĀHĀ.²⁸

Still to this day in nomadic areas of Tibet, moxa cones are often burned all the way down to the skin, leaving blisters. Usually such burned moxa points heal by themselves and do not leave a scar; however, strongly burned moxa, either intentional or accidental, can leave permanent marks on the skin. Many Tibetan and Himalayan patients actually ask for this kind of moxa application, as it is seen as more effective than only lightly warming moxa. Indeed signs of successful moxa application are described in the *Four Tantras* accordingly, when “the site of the burn is surrounded with tiny blisters without pain (...)” and when “the *trawa* erupts with a popping sound.”²⁹ After the therapy is completed, it is usual to apply a little butter mixed with salt to the point; today, use of antiseptic lotion or other creams is also common.

Moxibustion is indicated for general phlegm disorders, such as indigestion, chronic indigestion (*bad kan lhen*), and metabolic disorders, gastritis, reflux, hypothermia, vertigo, joint pains, mild arthritis, arthrosis, bone deformation, mild rheumatic pains, “empty fever,” post-menopausal conditions (such as *rlung tshabs*), pains caused by stress and tension, insomnia, “wind in the heart” symptoms, “wind-fever” (*rlung tshad*), and mental and neurological disorders. Application for such diverse purposes are shown on patients from Tibet in Figures 4.4 and 4.5.

There are contraindications to moxa therapy. It must not be used for acute fevers, hot bile and blood disorders (infections, for example), high blood pressure, gout, and general infections, cancers, and serious skin disorders. It should also be avoided on the sensory organs and the genitals. Further instances when moxibustion should not be applied include during snowfall, heavy rains, as well on days of a full or new moon, and when there is a lunar or solar eclipse.

Furthermore, moxibustion should not be administered during certain days of the month, on certain locations of the body, in accordance with the locations of the circulating *la*, or vital energy, within certain parts of the body (the so-called *bla gnas*). *La* is one of several important Tibetan concepts of a vital force or vital energy, which moves every day to a different place. At the new moon, *la* is in the first joint of the right big toe in women and the left big toe in men. On the second day of the lunar month it moves upward, so that by the time of the full moon, it is residing in the head, before progressing back down the other side of the body. The history of this life

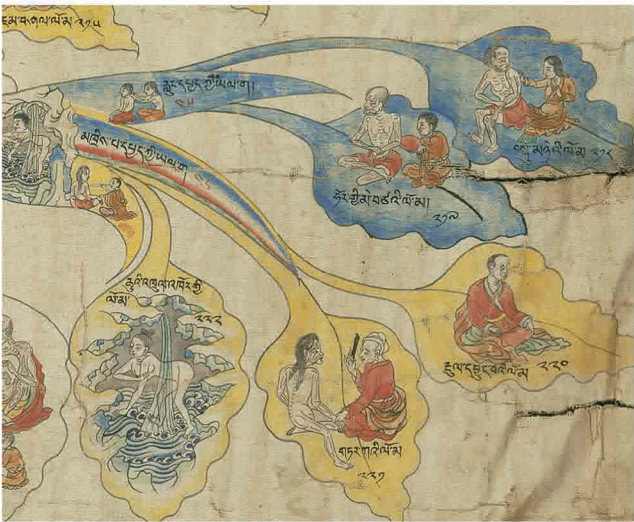
force is discussed in chapter 5 and the depiction of its movement shown on Figure 4.6.

Moxibustion is still very much in use today especially by lay Tibetans and fully-trained *amchi* in Tibetan communities. However, particularly in the West, the use of strong moxibustion techniques is not possible for cultural, medical, and legal reasons. Consecutive moxa applications — five to fifteen times in sequence — are also not in use. Invasive therapies, in general, such as those that scar or permanently mark the skin are allowed only when carried out by biomedically trained and licensed physicians or surgeons. On the other hand, light moxibustion is practiced widely in many European countries — both by biomedically trained doctors who also practice forms of Asian medicines as well as by practitioners of Asian medicine.

BLOODLETTING In Tibetan medicine bloodletting, or *tarka* (*gtar ka*, which literally means drawing blood), is seen as the twin therapy of moxibustion. Bloodletting and moxibustion share several points of treatment (FIG. 4.3). Bloodletting is similarly popular in Tibet, both in clinical and home settings and in urban and rural areas. Farm animals are also commonly treated by bloodletting, especially during the spring season in order to clean their blood and help them grow strong new fur.

From a Tibetan medical viewpoint, blood is connected with the vital and hollow organs and circulates throughout the body with the humors and along other kinds of channels (for example the blood and nerve channels). It then returns back to the heart and other organs. Blood is seen as the carrier of the bile humor in particular and as the “house of fever,” infections, and inflammations in the context of Sowa Rigpa pathology. Bloodletting is a technique used to clean

4.7 Detail from Fig. 0.1. Bloodletting Leaf (from the Tree of Treatment).





4.8 Bloodletting Chart. Corresponding to the upper part of Plate 72 of the Tibetan medical paintings (Lhasa set). Central Tibet; date unconfirmed. Ink and watercolor on paper; 54 × 82.1 cm. Private Collection

impure venous (*ngan khrag*) blood by releasing toxic gases that are circulating in the body, especially the so-called fire air toxin (*me rlung*) or what we might refer to today as carbon dioxide. According to the *Last Tantra*: “releasing blood steam by bloodletting has a better effect than taking more blood.”³⁰ The chapter discusses the topic over five sections, in relation to instruments, examination, methods of application, adverse effects, and benefits. Bloodletting is also shown as one of the external therapies on the last branch of the Tree of Treatment, here classified as a therapy related to *tripa*, or bile (FIG. 4.7).

In chapter 20 of the *Last Tantra*, seventy-seven or seventy-nine bloodletting vessels are described: twenty-one on the head, thirty-four on the arms and hands, eighteen on the legs and feet, and four on the abdomen. Some of these and tourniquets (*thi gu*) of varied colors, which should be applied in advance of incisions, are shown in Figure 4.8, a copy of the upper part of the illustration of the *Last Tantra*’s chapter 20, among the Lhasa Tibetan medical paintings. For instance, in the case of bloodletting at the anterior fontalelle, or the arteries of the temples, a tourniquet should be fastened above the ears and eyebrows (left figure, anterior view), one that can be tightened at the back of the head (right figure, posterior view). The drawing also shows four types of bloodletting knives, one specified as used by Lhunding Namgyal Dorje from the Jang School, an important teacher to Desi Sangye Gyatso whose

knowledge on the location of various channels in the body was a crucial influence on the regent and the medical painting project he oversaw.³¹ Many other kinds of bloodletting knives have been and are still being used for different parts of the body, especially on the head or vessels lying above the bones (see FIGS. 4.9–12).

In general, bloodletting is advised for the treatment of disorders such as inflammation, “disturbed fever” (caused by heavy work or wrong diet), infectious fevers, swellings, wounds, gout, *surya* disease,³² erysipelas, “yellow fluid” (*chu ser*), and leprosy. It is the therapeutic technique of choice in treating diseases manifesting from fevers and/or blood and bile disorders. There are several instances, however, where bloodletting should not be used: evil spirit possession causing mental disturbances, physical weakness during pregnancy and the post-partum period, anemia, chronic abdominal diseases, and poor digestive fire, that is, any disease manifesting from wind and phlegm disorders.

Drastic External Therapies

The last set of external therapies within the *Four Tantras* are those considered drastic, or invasive, given that they may penetrate or burn the skin. These mainly include *tsug* (*tshugs*) therapies and *telpa* (*tel pa*), or cauterization. Table 4.1 lists drastic external applications that heal with heat, and

TABLE 4.1 Various kinds of Tibetan *tsug*-application according to Duemar Tenzin Phuntsog¹

English term for therapy	Romanized Tibetan term for therapy	Transliterated Tibetan term for therapy
Stone heating therapy (five types)	<i>dotsug</i>	<i>rdo tshugs</i>
Horn heating therapy	<i>ratsug</i>	<i>ra tshugs</i>
Wooden heating therapy (eight types)	<i>shingtsug</i>	<i>shing tshugs</i>
<i>Gzi</i> stone application	<i>zitsug</i>	<i>gzi tshugs</i>
Cauterization therapy	<i>telme</i>	<i>tel me</i>
Golden instrument cauterization	<i>sertel</i>	<i>gser tel</i>
Silver instrument cauterization	<i>ngultel</i>	<i>dngul tel</i>
Copper instrument cauterization	<i>sangtel</i>	<i>zang tel</i>
Iron instrument cauterization	<i>chagtel</i>	<i>lcags tel</i>
Oil-heated cauterization	<i>numtel</i>	<i>snum tel</i>
Fire-application/moxibustion	<i>metsug</i>	<i>me tshugs</i>
Dakini moxibustion	<i>khandro metsa</i>	<i>mkha 'gro'i me btsa'</i>
<i>Tendrel</i> moxibustion	<i>tendrel metsa</i>	<i>rten 'brel me btsa'</i>
<i>Horme</i> therapy	<i>horgi metsa</i>	<i>hor gyi me btsa'</i>
Chinese moxibustion	<i>Gyanag metsa</i>	<i>rgya nag me btsa'</i>
Indian moxibustion	<i>Gyakar metsa</i>	<i>rgya gar me btsa'</i>
Magic moxibustion	<i>trulme</i>	<i>'khrul me</i>
Mirror-cloth burning moxibustion	<i>melong darseg</i>	<i>me long dar sregs</i>
Miracle moxibustion	<i>ngotsar metsa</i>	<i>ngo mtsar me btsa'</i>
Hidden moxibustion	<i>bame</i>	<i>sba me</i>

1. De'u dmar stan 'dzin phun tshogs, *Lag len gces rigs bsdus pa sman kun bcud du bsgrub pa'i las kyi choga kun gsal sngang mdzod ces bya ba bzhangs so*, Chagpori block print, 1897. Republished by S.W. Tashigangpa, Leh Ladakh, New Delhi India 1970, p. 563, under the title of 'Lamaist Pharmacognosy.'

also includes moxibustion therapies, as classified by the eighteenth-century physician Deumar Tenzin Phuntsog.³³

Tsug literally means to “put on” or “apply on the point” and refers generally to the application of heated objects, such as stones, smooth pieces of wood, animal horns, or *gzi* stones onto specific points of the body. This therapy relieves localized pains and reduces inflammations. Tibetan doctors think that Tibetans have long used stone or wood *tsug* therapies to cure many disorders. In my opinion it seems possible that these methods gradually became more sophisticated and might have formed the basis of moxibustion practices. *Tsug* is discussed in the *Four Tantras*, together with various kinds of cauterization, the second main type of invasive therapies.

Cauterization, or *telpa* (*tel pa*), is considered stronger than moxibustion because a more powerful form of heating is used, namely the direct application of a heated cauterization instrument (also called *telpa*) to the affected area(s), thus burning the skin. This therapy, as well as strong and repeated moxibustion, is more effective than milder equivalent therapies for physically hard-working people and people living in

cold countries and at high altitude. The low costs associated with moxibustion and cauterization make them valuable treatment resources widely used in Tibet and the high Himalayas. Like moxibustion, cauterization is also employed in the treatment of animal fractures.

There are various cauterization instruments in use (FIG. 4.13). They usually have a wooden handle, and the type of metal — silver, gold, copper, or special iron — determines their application.³⁴ Generally speaking *telpa* should be ten fingers' breadth long and eight to nine millimeters wide, with an angled head; however, some are sixteen fingers' breadth in length. A *telpa* usually requires a “seat,” or *telden* (*tel gdan*). A *telden* is the same length as the *telpa* and also features a wooden handle, but it has a flat head with one, two, or three holes to accommodate the width of the *telpa* tip. A *telden* determines the exact location and holds down the place of application during the procedure. Like surgical instruments, cauterization instruments often have depictions on them of the mouth of a mystic water creature (*chu srin kha*) or flowers. This is to respect (and therefore denotes the influence of)



4.9 Bloodletting instruments originally used at Tashilunpo Monastery. Shigatse, central Tibet; early 20th century. Private Collection



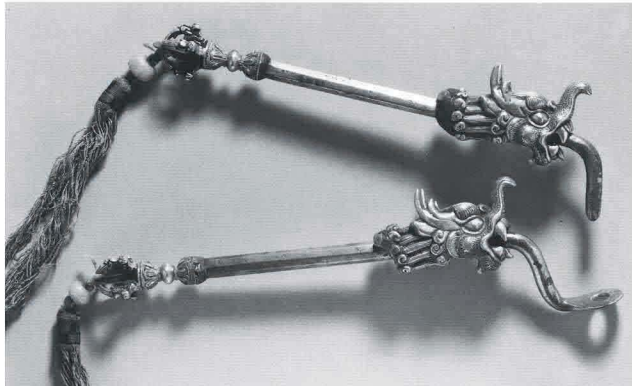
4.10 Set of bloodletting instruments with container. Tibet; 20th century. Heinrich Harrer Museum, Hüttenberg, Austria

4.11 Silver container for
bloodletting instruments.
Tibet; 20th century.
Heinrich Harrer Museum,
Hüttenberg, Austria



4.12 Seven bloodletting
instruments. Tibet;
20th century. Heinrich
Harrer Museum,
Hüttenberg, Austria





Mahayana Buddhism, which states that no weapons should be used and one should not harm any being. Medical instruments are thus designed in shapes that differ from ordinary knives to avoid committing unlawful and harmful actions (see FIG. 4.14).

Cauterization is usually carried out on the “crown point,” or *chitsug* (*dpyi gtsug*), the highest point of the head, but is also used on other points on the “white channels” (*rtsa dkar*), which I tend to correlate to nerve and lymph pathways of Western physiology. It is also directly applied on joints and fractured areas, to drain accumulation of liquids such as “yellow liquid” (*chu ser*). The four different kinds of *telpa* are indicated for different conditions. Golden *telpa* are effective in neurological diseases, vertigo, epilepsy, or brain disorders and also to drive out evil spirits. Silver *telpa* have the same quality as gold *telpa* and are especially indicated for draining pus, lymph fluids, and in necrosis and various kinds of tumors. Copper *telpa* are good in treating wounds, tumors, and parasites. Iron *telpa* are used on areas of the body that grow hair, such as on any part of the head, and in bone fractures and bone deformation (they are considered particularly effective in treating animal bone fractures). Iron *telpa* are also used on the sternum, which is a point to treat the stomach’s so-called *lhen* disorder.

Over the years, I have used golden *telpa* to treat a number of people afflicted by spirit possession. While practicing in

Ladakh during the 1990s, a local Tibetan lama, who was otherwise well known for the treatment of people who were possessed by a spirit, sent me one of his devotees, a strongly built young man whom he could not help with his condition. While I was next to the patient, preparing for the application of golden *telpa* cauterization, it seemed to me that whatever spirit was present in the man already noticed what was about to happen. The patient looked frightened and through him the spirit spoke out, saying that he wanted to leave for a place far away. When I applied my instruments, the spirit indeed left and I was astonished and happy to see that the patient immediately came back to normal; he could not even understand how he came to be in my practice in the first place. Seeing the patient later, I learned that the problems that had brought him to me never returned and that he had fully recovered. On other occasions, I practiced “golden needle therapy,” or *serkhab* (*gser khab*), on several women who were also considered by their families and local lamas to be possessed by evil spirits. The treatment showed similar effects to those just described in the case of the young man. Having employed these strong therapies in various Asian contexts throughout my career, I have reached the conclusion that spirits seem to be afraid of drastic therapies that involve medical instruments. While many people think there is no place for spirits in modern world views, it is common for Tibetans to live their lives taking into consideration both good and bad spirits.

Other External Therapies Commonly Used in Tibetan Medicine

HORME THERAPY *Horme* (*hor me*) is a gently warming therapy, using small wool- or cotton-cloth bundles that are filled with medicinal substances, soaked in medicated warm oil, and applied on points of the body. The name *hor* refers to the peoples who lived on the northernmost border of Tibetan areas, such as the Mongols, the ancient Kurds, and Caucasians, and who tended to be nomads and pastoralists.³⁵ *Me*, in Tibetan, means fire or heat. *Horme* is then a warming therapy of northern regions and most likely was a home remedy. It is not mentioned in the *Four Tantras*, but for a long time it has been practiced by Tibetan physicians. Hence it is illustrated on the external therapies branch of the *Tree of Treatment* of Sangye Gyatso’s seventeenth-century medical paintings and its subsequent copies, where it is indicted as treatment for wind disorders.

For the preparation of *horme* one needs pieces of thin, white cotton fabric of about three square inches in size. These are filled with a small amount of roughly ground *zati* (nutmeg), mixed with white or black *gonyo* (*go snyod*, i.e., cumin and caraway seeds). Some points used in *horme*

4.13 Cauterization instrument with its “seat.” Tibet; 20th century. Heinrich Harrer Museum, Hüttenberg, Austria

4.14 An elaborate set of cauterization instruments, probably used by personal physicians of royalty or high lamas. Tibet; 20th century. Heinrich Harrer Museum, Hüttenberg, Austria. Photograph courtesy of Heinrich Harrer Museum

are the same as those used in moxibustion, but *horme* has additional points of application.

Horme therapy is a simple but nevertheless highly effective technique to treat all disorders of wind. It uses the combination of heat and externally applied medicinal substances to close certain points or *sang* (*gsang*) of the wind channels, and to restore the body's "vital energy" and "life-sustaining wind" (*srog rlung*). It is used as a substitute therapy for moxibustion, when moxa cannot be used, for example in cases of pregnancy, after surgery, in children, and in aged or physically weak people. *Horme* may also be indicated for people who are healthy but unable to relax, for example those with sleeping difficulties or in need of bodily and/or mental calm. *Horme* may be used as a rescue treatment in emergency cases of panic attacks, strong trembling, vertigo or fainting, as well as in cases of depression.

It is still used by older members of Tibetan households. Traditionally the practice of *horme* was taught orally and there is very little mention of it in the medical literature.³⁶

GOLDEN-NEEDLE THERAPY Tibetan golden-needle therapy or *serkhab choethab* (*gser khab kyi bcos thabs*), is probably a more recent phenomenon than *tsug* therapies, cauterization,

or moxibustion. However, the origin and history of *serkhab* in Tibet is not yet clear. My own teachers in Tibetan medicine used to tell me that *serkhab* therapy has probably been present in Tibet for just over 200 years,³⁷ which seems likely given that Deumar Tenzin Phuntsog did not mention it in his detailed work on external treatment methods.³⁸ It may have come from China together with the concept of acupuncture as acupuncture in China historically has tended to use thicker needles than today, and often ones made of gold.³⁹ Given existing exchanges between Tibetan and Chinese lands and peoples, a transfer and then adaptation of Chinese acupuncture is possible. However, two significant differences remain: all Tibetan medical practice of this therapy uses only a single golden needle (much thicker and more robust than Chinese acupuncture needles, at least today); and there is only one point of its application — at the crown of the head (*spyi gtsug*). It is therefore possible that Tibetan physicians could have invented golden-needle therapy. Dr. Trogawa Rinpoche, an eminent Tibetan physician (1931–2005) and founder of the Chagpori Institute in Darjeeling, thought that *serkhab* therapy was indeed a Tibetan tradition, belonging to a group of "techniques of puncturing" (*dbugs pa*) discussed in the *Four Tantras*'s chapter on surgical instruments.⁴⁰ The

4.15 Golden needle.
Tibet; 20th century.
Heinrich Harrer Museum,
Hüttenberg, Austria

4.16 Golden needle.
Tibet; 20th century. Private
Collection, Germany

4.17 Golden-needle
Treatment with Moxa.
Outpatient Department,
Lhasa Mentsikhang, 2007





4.18 Copper cup for cupping. Tibet; 20th century. Heinrich Harrer Museum, Hüttenberg, Austria



4.19 Cupping performed on the back of a patient. Ulaanbaatar, Mongolia, 1997

golden-needle method is specifically intended to restore the energy of the middle or central psychic channel (see discussion of this channel in chapter 2) and to regulate the function of the nerves. Therefore, it is particularly recommended for use in cases of epileptic crisis and in vertigo.

It is traditionally held that needles made from pure gold are more powerful in treatment than those made of mixed metals.⁴¹ Their size is usually three fingers' breadth in length and about one millimeter in width. There is, however, no fixed size and shape, so significant differences may be seen in needles used by different Tibetan practitioners of the therapy (see FIGS. 4.15 and 4.16).

Golden-needle therapy in Tibetan traditions is indicated for epilepsy, light stroke, neurological disorders, facial paralysis, vertigo that is caused by low or high blood pressure, and weakening of breathing and/or bodily functions. In my experience, it is also helpful in the prevention of cataracts, the improvement of weak eyesight, poor memory or concentration, and to counter the effects of early-stage dementia.

Prior to its use, the Tibetan golden needle first needs to be cleaned, or sterilized by fire. On the needle's (usually thicker) top part, a small amount of moxa wool contained in Tibetan paper is placed and the needle carefully inserted on the patient's "crown point" (FIG. 4.17). The moxa wool is then set alight and its heat transferred into the scalp through the golden needle. While the moxa is burning, the practitioner visualizes the Medicine Buddha and recites his mantra up to twenty-one or more times. Once the moxa wool is completely burned, the needle is removed. The point of

application should be kept clean and the patient is advised to avoid taking cold drinks or a shower for twenty-four hours. If necessary, the therapy can be repeated after three months, six months, or one year. Contraindications for golden needle therapy are cases of fever, hot bile disorders, infections, bile-related headaches, and "hidden fevers."

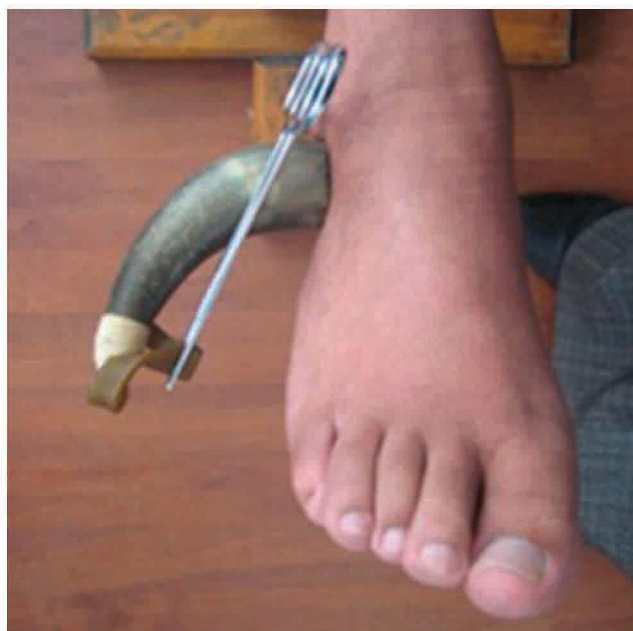
CUPPING THERAPY Cupping therapy in Tibetan medicine is most commonly specified as fire-cupping, or *mebum* (*me bum*) and also as copper-cupping, or *sangbum* (*zang bum*). The cups used are usually made from copper, bronze, or glass, sometimes even bamboo (FIG. 4.18). They are applied in order to collect "yellow fluid" or serum and blood, and in order to remove blockages of wind from muscles and channels. Cupping is a relatively simple and effective technique, which can be undertaken at any time (FIG. 4.19)

The standard size for cups used in *mebum* is four fingers' width at the opening and in height, but according to the location of cupping on the patient's body, other shapes and sizes of cups may be used. On the abdomen, chest, and back, however, in general the cups have to have the regular size, while on joints and certain other areas they can be smaller. Cupping instruments have a particular, pear-like shape, but in case a medical cup is not available, one can use any type of cup, such as a teacup or even a glass.

Cupping therapy can be employed in the treatment of conditions such as back and shoulder pains caused by stress and tensions, difficult mental work, lower back pain, external lipoma (*tshil skran*), or pains in upper parts of the back. It is

4.20 Application of horn suction therapy in Tibet, 2008. Photo courtesy of Amchi Choezom Dolma, Kathmandu

4.21 *Melong* for children's "sunken liver treatment." Private Collection, Milan



also helpful in patients suffering from shortness of breath or aching in the chest, neck, or head associated with tension and/or high blood pressure.

To apply *mebum* therapy, a small piece of paper is set alight and placed into the cup, which is then turned upside down and applied directly over the painful or affected area. The cup is sucked onto the skin through the force of the vacuum caused by fire. Cups are usually kept in place for fifteen to twenty minutes. After the cup is removed, the area is swollen and colored red or blue. According to the severity of the patient's condition, this area may then be treated further. For instance, in patients with high blood pressure, those with impure blood, headaches, bile prevalence, and/or red spots in the eyes, small incisions are made in the swollen skin area using a lancet or other specialized instruments. Then *mebum* is repeated as before, and when the cup is removed, dark blood and serum will have been drawn out of the body, which is seen as a successful outcome of the therapy.

HORN SUCTION THERAPY Horn suction therapy, or *nabre chothab* (*rngab ras bcos thabs*), has also been in widespread use for a long time among Tibetan medical practitioners and lay people. In contrast to other types of cupping, in this case the cupping instrument is made from an animal horn. Horns of a white yak, or *dzo* (offspring that result from breeding a yak with a cow), are most practical because they are transparent and the amount of blood collected inside the instrument can be seen from the outside. The horn size is generally five

fingers' breadth high and about two or three fingers' breadth wide. Horn suction therapy is used for conditions such as arthritis, rheumatic inflammation, and in joint traumas. It is especially helpful in treating gouty inflammation of small body parts such as thumb, knee, heel, or big toe.

In practice, a clean horn is applied with its (soft) opening on the area of the pain, inflammation, or hematoma. In earlier times, horn suction was done by sucking on the tip of the horn (which has a small hole) with one's mouth. The tip of the horn was then closed with a soft chewed tendon, before being beaten with a small stick to make it adhere more strongly to the skin. These days, the air suction is often achieved through a tube, fixed at one end to the tip of the horn, and linked at the other to a syringe (see FIG. 4.20).⁴² The horn is applied for about twenty minutes and when it is removed, as with cupping, leaves a swollen area, bluish-red in color. Subsequently, several incisions are made in the skin with a clean lancet and the horn is again applied to the same point. Air is again removed by suction and the horn left in place for approximately twenty minutes. When it is removed, any dark blood that has gathered on the skin should be cleaned off and the wound disinfected and dressed.

CHILDREN'S SUNKEN LIVER THERAPY The condition of "sunken liver," commonly affecting children, is identified in Tibetan medical practice and within Tibetan cultures at large. In essence, the liver has prolapsed or enlarged by inflammation. Affected children develop fever and lose their appetite and in the case of infants show little desire to

breast feed. This condition (*mchin pa babs pa*) is treated by a technique (*byis pa'i melong babs bcos*) that uses a large mirror, or *melong* (*me long*), to restore liver function to normal. It is a simple method used by Tibetan medical practitioners, but used mainly by older women in the home, especially grandmothers or mothers.

Common instruments used in this therapy are either a special round, curved, and polished plate made of brass or bronze (see FIG. 4.21), or a glass bottle, a big spoon, a ladle, or an iron plowshare. For its application, the child lies on a comfortable bed, facing upward, while the liver position is ascertained by palpation. A bit of fresh, cold water is sprinkled on the area, usually on the right side of the abdomen. The *melong* (or equivalent) is then placed on this area of the abdomen, and one gently presses the liver from the bottom up toward the chest. This procedure should generally be repeated three to five times daily for several days. After each treatment, cotton is applied over the bottom of the liver area and held in place by a three- to four-inch-wide cloth belt. The child should be kept from any physical agitation (especially being turned upside down) and from eating foods of warming and/or fatty qualities for several days after. This technique is effective for children who show symptoms such as fever, loss of weight, excessive clinging to their mother, little desire for milk and other food, a sunken fontanelle, upward turning eyes, and/or are unable to stand on their feet — according to Tibetan medicine, all features suggestive of an enlarged or prolapsed liver.

A PRELIMINARY HISTORY OF THE DEVELOPMENT AND LOSS OF TIBETAN MEDICAL SURGERY

Scholars and writers on the history of Sowa Rigpa have remained largely silent on the subject of the history of Tibetan medical surgery. The topic has been virtually untouched or, perhaps, its history has been buried in an unknown place. Either way, this void has left ample room for speculation. However, there are traces of the existence of surgery in the Tibetan medical literature, not least in the *Four Tantras* itself. And yet when we observe contemporary Tibetan medical education and practice, we are forced to conclude that what in Tibetan was referred to as “spoon surgery,” that is, minor surgery, is now lost. Practice of cataract surgery on the other hand has continued to be transmitted up to the present day.⁴³

Tibetan Views on the History of Surgery

For Tibetan physicians the main and, in my opinion, most complete and reliable account of Tibetan medical

history prior to the eighteenth century is Desi Sangye Gyatso's famous 1703 work, in brief referred to as *Mirror of Beryl*.⁴⁴

In the *Mirror of Beryl*, Greco-Persian medicine — also referred to as the upper tradition (*stod lugs*) — came to Tibet between the seventh and ninth centuries, in a period also known as the first spread of Buddhism (*snga dar*). Galenos of Tazig⁴⁵ (Persia) is here attributed with being the physician who introduced Persian medical surgery techniques to Tibet, during the reign of the first of the Tibetan “powerful kings” (*btsan po*), Songtsen Gampo (ca. 605?–649 CE).⁴⁶ According to Desi Sangye Gyatso, Galenos translated four surgical works from Persian into Tibetan: *Synthesis of [surgery] work on the Head* (*Mgo sngon bsdus pa*); *Rooster* (*De pho*); *Peacock* (*Rma bya*); and *Parrot* (*Ne tso*).⁴⁷ These were included in *Fearless Weapon* (*Mi 'jigs pa'i mtshon cha*), a work that brought together medical knowledge that was, according to Desi Sangye Gyatso, “translated by three foreign doctors,” Galenos from Tazig, Bharadwaj from India, and Henwen Hangte from China.⁴⁸ Among this trio that Desi Sangye Gyatso holds to have been major figures in the ongoing and cosmopolitan medical exchanges in central Tibet at the time,⁴⁹ Emperor Songtsen Gampo is reported to have granted Galenos special status as court physician, bestowing upon him the title Regent of the Physicians. He and his descendants then remained and practiced medicine in Tibet.⁵⁰

The second record on surgery and anatomy in the *Mirror of Beryl* again relates to the time of the Tibetan kings, during the reign of Meagtsom (Mes ag tshom, reigned 712–755). He is said to have invited to his court the Persian physician Bichi Tsampashilaha (Bi ci), together with some of his pupils. Bichi Tsampashilaha is said to have translated a Persian treatise, *Crystal Mirror Treatise*,⁵¹ into Tibetan and to have collectively named his other Persian works in Tibetan translation *His Majesty's Healing Treatise*.⁵² (On both these works, also see chapter 8.) Bichi Tsampashilaha's descendants were said to have settled in Lhasa, practicing medicine and surgery. Their knowledge was, according to the *Mirror of Beryl*, transmitted through Tibetan pupils such as those in the Zhang (Zhang), Tong (Stong), and Drangti (Brang ti) lineages.

Desi Sangye Gyatso also reports in the *Mirror of Beryl* that the later Emperor Trisong Detsen (reigned 756–797) invited other foreign doctors, including Dharmaraza from India, Hashang Maha Kyinda from China, and Tsanpashilaha from Khrom (the eastern Roman Empire).⁵³ They composed and translated several of the treatises of their own medical traditions into Tibetan. Examples of these include what in Tibetan is known as the *Wheel of Sun and Moon: Seven*

4.22 Instruments Used in External Therapies and Minor Surgery. Plate 34 of the Tibetan medical paintings (Ulan Ude set). Lhasa, central Tibet; early 20th century. Pigments on cloth; 86 × 68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia

Chapters on the Roots [of all three medical systems],⁵⁴ *On the Jewel Collection*,⁵⁵ and *Treatment of Neck from the King of Li [Sinkiang]*.⁵⁶ These doctors are said to have offered their respective treatises to the king. The work *On the Jewel Collection*, contains within it a section called *Wheel of Surgical Instruments* (*thur dpyad mtshon cha 'khor lo*), as well as one called *Other Minor Surgical Works*.

Before returning to his country, Bichi Tsanpashilaha left a number of texts with his son. These included *Black Oral Secret Teaching Collection on Pharmacy*,⁵⁷ Caraka's *Four Wheels: Guide to the Anatomy Atlas of Head, Chest, Abdomen and Extremities*,⁵⁸ and *Treatment of the Head, Extremities and Miscellaneous Disorders*.⁵⁹ Together, these three texts were called *Bichi's Poti Khaser* and later renamed *His Majesty's Shining Healing Treatise*.⁶⁰

Among Tibetan doctors, Desi Sangye Gyatso (1653–1705) is believed to have created a synthesis of much of the then available knowledge on anatomy, physiology, surgery, and general medicine. The *Blue Beryl* has illustrated seventy-nine medical paintings, scholars believe drew upon the precedent of medical illustrations in the tradition of Jangngo Namgyal Dorje (*Byang gnos rnam rgyal rdor rje*). Jangngo Namgyal Dorje was a descendant of Nyapa Chosang (*Gnya 'pa chos bzang*), a court physician to Emperor Trisong Detsen in the eighth century, who was known in his time to have been knowledgeable in medicine and surgery. Desi Sangye Gyatso in the medical paintings also depicted surgical instruments (*dpyad kyi cha byad*),⁶¹ along with those used in external therapies (FIG. 4.22). The instruments illustrated certainly share some similarities in shape with those surgical tools known to have been used by ancient Roman physicians.⁶² This could be seen to support the theory that the Greco-Persian surgical tradition influenced Tibetan surgery in one way or another, yet such claims require further research. Unfortunately many surgical and medical practices disappeared long ago and therefore ceased to be transmitted. This was even the case early on, for instance during the so-called dark period of Tibetan history — between the ninth and eleventh centuries — when the Tibetan empire and Buddhism were almost completely lost.

As mentioned, the works of several Indian physicians came to the courts of the Tibetan kings, and later many Tibetan scholars traveled to India and invited Indian masters to Tibet. This resulted, between the seventh and the mid-ninth centuries, in the introduction of several prominent Indian Ayurvedic medical treatises into Tibet.

Sage Susruta's (Legs thos) Ayurvedic surgical tradition, which has been well-documented in Indian medical history,⁶³ never came in full to Tibet; only some quotes from it are

found in Tibetan medical works. In the eleventh century, however, the physician Chagmen Ringyal (Chag sman rin rgyal) wrote a treatise called *Handle on One Hundred Thousand Treatments* (*'Bum khu tshur*),⁶⁴ in which two chapters were dedicated to surgery. This text also illustrates kidney and bladder surgery points (*mkhal 'bra* and *mkhal tshil*). The surgical tradition described in the text came through a lineage that goes back, through Sage Zinamitra (unknown date) and Sage Pir (unknown date), to Kyebu Melha Chagdum (Skyes bu melha phyag dum), a physician deported from Oddiyana (O rgyan gyi yul) kingdom in Swat Valley (present-day Pakistan) by the local king. It then came to Tibet, eventually reaching Tsangton Darma Gonpo (Gtsang ston darma mgon po). The medical tradition of the *Handle on One Hundred Thousand Treatments* has much in common with Vagbhata's *Heart of Medicine* work. According to Yuthog Yonten Gonpo's biography by Darmo Menrampa Lozang Gyatso, he himself studied Vagbhata's text, in time becoming a leading expert on it, practicing mainly Ayurveda (*tshe yi rig byed*) in the earlier part of his medical career.⁶⁵ This could, therefore, be one of the sources of those parts of the *Four Tantras* that discuss surgery. However, further work still has to be done to ascertain the extent of this relationship.

Surgery in the *Four Tantras*

Yuthog Yonten Gonpo (the Younger) can now unequivocally be accepted as the author of the *Four Tantras*, especially given a strong argument in this direction put forth in chapter 8. Within the *Four Tantras*, the *Explanatory Tantra* includes a chapter with a long list of the names of surgical instruments. The *Instructional Tantra*, meanwhile, has five chapters on wounds (*mtshon rma*), and chapter 25 of the *Last Tantra* offers a detailed treatment of surgery that is referred to as “spoon treatment,” or *thurched* (*thur dpyad*). In fact surgery is there listed as the last of the external therapies, following the five therapies discussed above.

SPOON SURGERY An important question that is raised in the *Four Tantras* concerns the use of the term “spoon treatment.” Study of the wound chapters of the *Instructional Tantra* and the spoon treatment chapter of the *Last Tantra* reveals that these do not refer to major surgical operations, which were also relatively late and controversial developments in Western medicine.⁶⁶ However, within Tibetan medical minor surgery practice the instruments called *thur ma* (spoon) were used to drain and remove diseased parts from various organs, as well as from the head, joints, and muscles. In chapter 25 of the *Last Tantra*, incisions into the heart and other organs are described. These practices detailed within the chapter

required the use of surgical tools involved in what we now refer to as spoon surgery alongside which were given detailed anatomical descriptions of the general body and organ points where incisions could be made to drain water or diseases.

Most of the surgical procedures described in the *Four Tantras* (for example, prostatectomy [*rdeu dmar 'byin*], pulmocentesis [*glo chu btsags pa*]) are no longer carried out in this manner. However, Tibetan cataract surgery (*mig 'byad* or *mig thur*) also uses a spoon, but more specifically an eye spoon (*mig thur*). While such *migthur* instruments are shown on the medical paintings, this practice — though still existing — is not at all widespread today. It is generally known that detailed anatomical knowledge, usually acquired through dissections of either humans or animals, is a prerequisite to undertaking surgical practice. For ancient European medicine there are many records of dissections,⁶⁷ while in India as well (already during Susruta's time) surgical training was carried out on fruits as well as on animal and human corpses.⁶⁸ Tibetan medicine, in contrast, has few such records of dissection. According to Desi Sangye Gyatso, and recorded as part of *Thangka* number 49, Lhodrag Tenzin Norbu (*Lhobrag sku skye bstan 'dzin nor bu*) carried out dissections on several corpses in order to advise and assist artists in their efforts to depict the organs more realistically. In 1974, during my first year of Tibetan medical studies, Dr. Lobsang Dolma also carried out dissection demonstrations for the students in the Dharamsala cemetery. She would contact us when a recently deceased inpatient from the Men-Tsee-Khang had completed all the appropriate religious rituals. The dead patient had by that time been transported to the cemetery for cremation, so just prior to that Dr. Dolma was able to open the body and show us the organs and other body parts. I was a keen student at the time, yet also slightly scared of being so close to a corpse. This was my first and last practical experience of dissection, as later I would use only artificial human skeletons and (Western) anatomical charts to instruct students. Whether for cultural reasons or a lack of more frequent dissection and surgical practice, the limited study of human anatomy and physiology seems to me, from my practice-informed perspective, to be one of the weak points in Tibetan medicine.

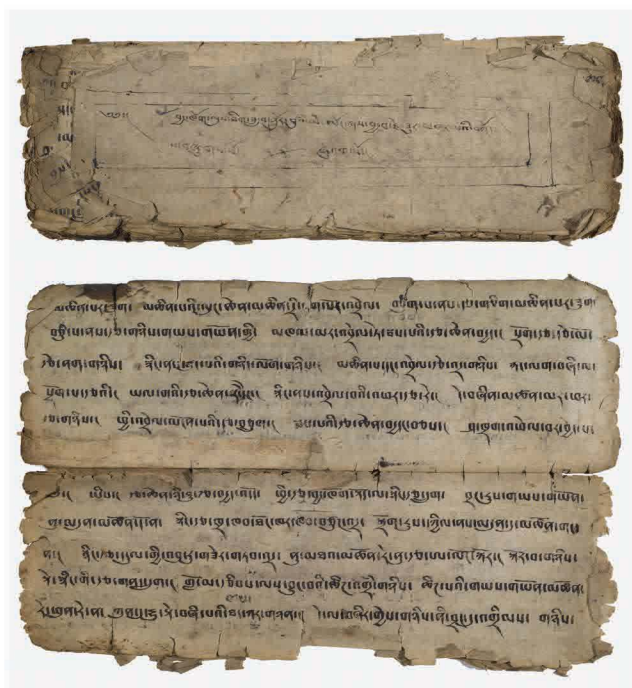
To conclude, the references to surgery detailed above give only a brief overview of the historical evidence for surgical practice in Tibet. Some surviving ancient medical works are still famous, for example Biji's *Yellow-Edged Volume*, Drangti's *Gold and Silver Measure Container* (*Gser bre dngul bre*),⁶⁹ Chagmen Ringyal's (Chag sman rin rgyal) *'Bum khu tshur*, as well as Jetsun Dragpa Gyaltsan's *Royal Treasure*

of Medicine (*Gso byed rgyal po'i dkor mdzod*).⁷⁰ Also still in existence is the sixteenth-century scholar and physician Gongmen Konchog Pendar's *Exhaustive Treaties of Sowa Rigpa* (*Gso rig dgos pa kun 'byung*) and his *A Hundred Verses Written from Experience* (*Nyam yig brgya rtsa*) that contain within them writings on pathology, diagnosis, and treatments in relation to minor surgery, which in some parts agree yet in others differ from discussions in the *Four Tantras*. Taken altogether these texts offer substantial evidence that some major and/or minor surgery practices were indeed alive in Tibetan medical practice at least in bygone centuries.

Why Has the Practice of Spoon Surgery Been Lost?

There are two main, probably mythical reasons given for the loss of surgical practice in Tibet. First is the legend that the mother of King Mune Tsanpo (eighth century CE), suffering from a cardiac effusion (*snying chu*) died under the hand of a physician, who had unsuccessfully performed pericardiocentesis on her. In consequence the king ordered the banning of all surgical practice.⁷¹ The second story, this time concerning Terton Drapa Ngonshe, the eleventh-century monk credited with revealing the *Four Tantras* in Samye (see FIGS. 8.3 and 9.1), has found some historical traces having been recounted by Desi Sangye Gyatso. Sangye Gyatso relates that at the age of seventy-nine, Drapa Ngonshe died during a pericardiocentesis performed by one of his disciples. The cause of death was acknowledged as a karmic peccancy (moral offence). Earlier in his life, Drapa Ngonshe had attempted the same technique on his own master, and he also failed and then died in similar circumstances.⁷² This story shows that serious and unfortunate consequences of surgery had the potential to produce negative karmic results.

During the tenth century the second spread of Buddhism occurred, when Buddhist practitioners were integrating Buddhism and medicine (*sman chos zung 'brel*). The aim of becoming a "Mahayanic medical saint" (*sman pa byang sems can*) developed as a goal of the Buddhist path.⁷³ Therefore the risk of causing death by surgery and the potential for having to bear the negative karmic consequences probably became a more significant concern. The story of Drapa Ngonshe relates to such sensitivities. Intriguingly, however, Desi Sangye Gyatso does not link this story to the reason for the disappearance of surgical practice. Moreover, Terton Drapa Ngonshe who lived much earlier than Yuthog Yonten Gonpo systematized the surgical system, moxibustion, venesection, and many other external therapies in the *Four Tantras*. Therefore the story of Terton Drapa Ngonshe's death, even if one possible factor, cannot be taken as the sole cause for the loss of surgery within Tibetan medicine.



4.23 Edition of Mipham Namgyal Gyatso's *Jewel Mirror of the Topographical Lines of the Upper Body*, 17th century. Central Tibet; date unconfirmed. Black ink on thin paper; 9×27 cm. Private Collection

Title page and sample pages of a manuscript copy of Mipham Namgyal Gyatso's important early anatomy text in the Drugpa Kagyu tradition. This work was one important source for an early 20th-century anatomy by Khyenrab Norbu, which is studied to this day at the Lhasa and Dharamsala Tibetan medical colleges.

Yuthog Yonten Gonpo's *Four Tantras* and other treatises such as *Heart of Medicine* went on to inform the work of ten well-known surgeons, as recorded by Desi Sangye Gyatso in the *Blue Beryl*.⁷⁴ Two other later surgeons, Tsongseng (Btson seng), an expert in *byang khog* (literally, chest and abdomen, but in medical circles usually referring to the [anatomy of] chest and abdomen), and Bared Lhaje (Sba red lha rje), an expert in spoon surgery, are also mentioned.⁷⁵

In a biography of Gongmen Konchog Pendar, Jampa Trinle writes that this physician in Nyang county taught among other subjects *thurma* and *tsajong* (*rtsa sbyong*, vein channel cleaning) and thereby benefitting many patients.⁷⁶ Furthermore, Konchog Pendar admitted in one of his writings that two of his disciples were more developed in surgery than himself.⁷⁷ Following this mention of *thurma* for sixteenth-century central Tibet by Jampa Trinle, I also studied Gongmen Konchog Pendar's writings. In his work on the *Topographical Lines of the Chest and Abdomen* (*Byang khog lus thig*), he mentions that "afterwards master and pupils practiced more *thurma* incision and propagated it. Before writing this short note on *thurma* surgery to patients there were eleven patients on whom *thurma* was already performed. The majority of patients recovered, while a few could not be saved through surgery."⁷⁸ This being mentioned in Gongmen Konchog Pendar's sixteenth-century text *Exhaustive Treatise of Sowa Rigpa* (*Gso rig dgos pa kun 'byung*) therefore provides evidence that spoon surgery was not at that time lost. Furthermore Gongmen Konchog Pendar

mentions that in order "to practice *thurma* incision, it is of utmost importance that [practitioners] know very well the 'topographical lines of the body'" (*yul thigs*).⁷⁹ Note that *yul thigs* here refers to "topographical lines" of the body, which are used, especially in the abdominal and chest area of the body, by physicians in order to determine the location of the organs and vital channels as a basis for a wide range of external treatments. The "topographical lines" of the upper body are a persistent topic in Tibetan medical writing spanning from the *Four Tantras* (chapter 85 of the *Last Tantra*) to famous treatises and commentaries on the subject by sixteenth- and seventeenth-century scholars (FIG. 4.23), all the way to the twentieth and twenty-first centuries.

It is worth adding that in the biography of Yuthog the Elder there is a prediction that more surgeons are to be born as descendants of his "son," Yuthog the Younger: "After Yuthog Shersang (G.yu thog sher bzang) and before Yuthog Palbar (G.yu thog dpal 'bar) there will be twenty-one experts in surgical operations."⁸⁰ So far it has been difficult to trace names and records of these twenty-one surgeons.

Overall, based on the available evidence, it is my contention that the cessation of surgical practice within Tibetan medicine was because of two main reasons. First, there was a lack of technical knowledge about infections, sterilization procedures, and hygienic measures, as well as a paucity of antibiotics, anesthesia, strong analgesics, and convenient and up-to-date instruments. Second, fears based on religious concepts of moral responsibility also played an important role, a delicate and complex issue that could have been influenced by the story of Drapa Ngonshe and his disciple. Buddhists following the Mahayana's bodhisattva path are bound by vows that forbid them from being the cause of their own or another's death. Consequently, a patient dying as a direct result of a surgical intervention could be considered a moral offence, the culpable practitioner accumulating heavy negative karma as a consequence. Besides the risks inherent to any surgery, the lack of facilities was another possible factor in unsuccessful procedures. Taken together with fears of the karmic results, these were probably significant and sufficient grounds for reducing surgical practice to a minimum, and preferably to its complete abandonment.

It thus becomes clearer why practitioners of Tibetan medicine have taken more interest in becoming "holistic and general physicians" (*kham la mkhas pa'i sman pa*) rather than specialized surgeons, and why surgical works declined and disappeared over time.

CATARACT SURGERY Eye cataract surgery in Tibet is first recorded in relation to the sixth-century Tibetan king, Tagri

Nyenzig (Stag ri gnyan gzigs), who was blind from birth.⁸¹ Following his father's advice, Tagri's ministers invited a physician called Hashaje (Hazha rje)⁸² from Hasha country (an eastern principality of ancient Tibet) who "opened the eye" of the young king. In fact, the king's name, Tagri Nyanzig, is said to derive from his first vision after the surgery, which was the "sight of a wild sheep (*gnyan*) walking in the mountain like a tiger."⁸³ Following this mention of King Tagri's eye operation, no further evidence or historical records during subsequent centuries appear to exist. The practice may have been lost, not recorded, or simply have remained dormant for several hundred years.

In the seventeenth century, during the reign of the Fifth Dalai Lama (1617–1682), Manaho, physician to "Shazang,"⁸⁴ was directed by his patient to travel from his home in Yorpo (G.yo po) county to Lhasa. There, at the Potala, he studied and translated the text on eye surgery, *Mig 'byed mthong ba don ldan*, together with Maha Lotsawa Dharpa Ngawang Phuntsog Lhundup (*Ma ha lo tsa ba 'dar pa nga dbang phun tshogs*). Manaho also sought instruction from Darmo Menrampa Lobsang Chodrag in order to learn the technique. At that time the Fifth Dalai Lama also ordered the Tibetan eye opening lineage holder of the "upper tradition" to teach the practice of eye operation, called "Sage Midra's *migche*" (*mi tra rdzo ki mig 'byed*) technique, as well as another Tibetan eye surgery technique, the indigenous *migche* (*mig 'byed*) tradition, to Darmo Menrampa Lobsang Chodrag, Lhagsam (Lhak bsam), and selected other medical practitioners.⁸⁵ Darmo Menrampa went on to become an expert in cataract surgery, successfully operating upon numerous patients. Instruments used in cataract surgery are depicted on the Tibetan medical paintings from that time (see FIG 4.25).

The Fifth Dalai Lama himself, later in life, underwent a successful cataract operation, performed by his personal

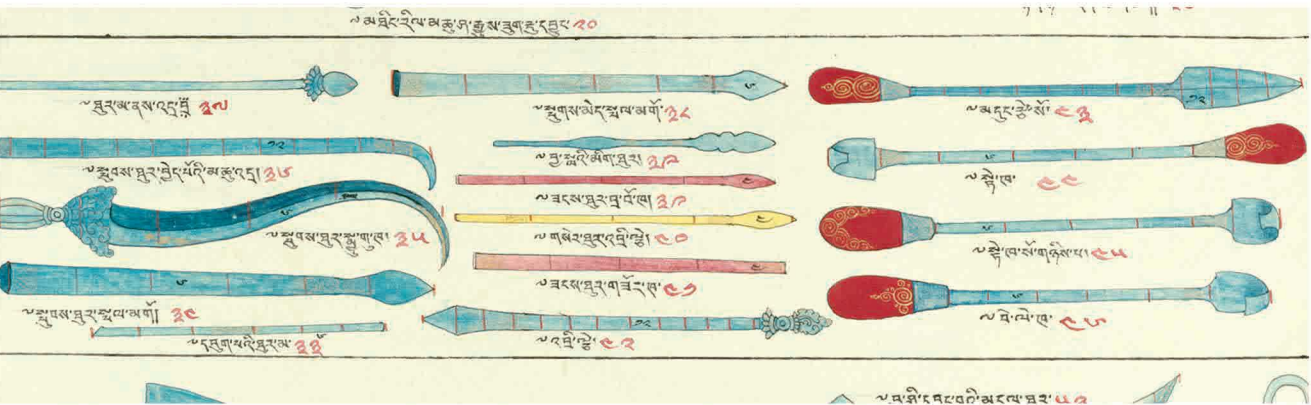
physician Darmo Menrampa. The latter is likely to have passed on this practice while teaching at Chagpori Medical College in Lhasa. From there it eventually reached the Mentsikhang, which had been established in Lhasa in 1916. Another physician, Tai Situ Panchen Chokyi Jungney (Ta'i Situ Pan chen Chos kyi 'byung gnas, 1700–1774; see FIG. 9.10) also described in detail methods for carrying out cataract surgery, however he did not account for his sources.⁸⁶ Further references to the practice of cataract surgery in Tibet and the fine instruments used for the procedures can also be found among British colonial records.⁸⁷ However, none of the medical histories yield any clear lineage or particular experts' names until the early twentieth century when Khandro Yanga (Khang dro dbyangs dga', 1907–1973) emerges, the famous female Tibetan physician who trained at the Lhasa Mentsikhang.

Khandro Yanga learned Tibetan medicine from her father, Jedrung Jampa Jungne (Rje drung byams pa 'byung gnas) and was already practicing when she was thirteen years old.⁸⁸ According to the scholar-physician Jampa Trinle, she then traveled to the Lhasa Mentsikhang, her father having requested that she go there to study eye surgery.⁸⁹ Khyenrab Norbu accepted her as his student and taught her the art of cataract (*mig 'grib*) surgery, or *migje*. She became revered for her talent in this, as well as her good heart, which together led to her gaining significant renown in Lhasa and beyond. In 1948 she was invited to Bhutan to carry out cataract surgery on King Jigme Wangchug and the success of the operation ensured that her fame spread in Bhutan as well. She went on to treat many other patients in the region (FIG. 4.24). In 1951, Khandro Yanga received the first professional eye cataract surgery certificate from Khyenrab Norbu in Lhasa. Not content to rest on her laurels, she continued to work tirelessly, traveling to eighteen cities where she "opened" over 300 patients' eyes within a three-year period.⁹⁰ Although known primarily as a highly skilled eye surgeon, Khandro Yanga also promoted the improvement of pediatric and gynecological practices at the Lhasa Mentsikhang in 1962. In the words of Dr. Lobsang Wangyal, later a personal physician to the fourteenth Dalai Lama in Dharamsala,

Kyenrab Norbu transmitted and initiated the eye-opening technique to Professor Kunga la,⁹¹ [Khandro] Yanga la, and myself. Yanga went on to become one of the first and foremost practitioners of this technique as taught by Kyenrab Norbu. Yanga was born in Kham in Eastern Tibet in 1907 to Lama Jedrung Jampa and Tsultrim Lonyi. She had been very religious from an early age, and had come to Lhasa especially to learn the eye-opening technique from Kyenrab

4.24 Female doctor Khandro Yanga performing cataract surgery. Sikkim; ca. 1950. Photograph courtesy of Tashi Tsering





4.25 Detail from Fig. 4.22. Cataract Surgery Instruments

Norbu. At first he [Norbu] explained the preliminary aspects, like preparation for the operation and the use of the operating spoon. Then on a dead sheep's head, he showed how much pressure should be applied to the lancet and how to extract the defilement from the eyes. He taught this technique for the first time to Kunga Phuntsog and Yanga.⁹²

Wanggyal also recounted some additional details concerning procedures of Tibetan-style cataract surgery but unfortunately no information about his own teachers' lineage and/or the origins of this knowledge.

Contemporary to Khandro Yanga was another Tibetan physician, Sonam Thobgye (Bsod nams stobs rgyal), who was born into a family medical tradition in 1920 in Tingri, Tsang Province. According to his daughter, the contemporary Swiss-Tibetan physician Dr. Doenkyi Tsultrim Emchi, Sonam Thobgye received training in medicine and cataract surgery from his own father between 1948 and 1953. After this, the young man went to the Lhasa Mentsikhang for further study. Thereafter, Sonam Thobgye treated many patients and performed eye surgery in Lhasa, Shigatse, and Gangpa, in the process earning widespread acclaim. Like many Tibetans he eventually fled as a refugee, first to India and then in 1969 to Switzerland. Following his flight, due mainly to legal restrictions on practice, Sonam Thobgye's eye surgery could not continue and was thus not transmitted and therefore lost.⁹³

Unfortunately, it is extremely difficult to find original written materials or even oral accounts relating to the practice of cataract surgery. Nevertheless, even if the names of many of the experts who conveyed this practice have disappeared over time, there is no doubt that thanks to their skill many patients throughout the centuries have been relieved from their eyesight problems. Furthermore, although rare, cataract surgery remains a living tradition to this day, practiced at the Lhasa Mentsikhang and in other regions of

Tibet. It may still be possible to find eye cataract surgeons in the Tibetan tradition in remote villages in the Himalayas and on the Tibetan Plateau.

The theory detailing the methods used in eye cataract surgery is given in Desi Sangye Gyatso's commentaries *Supplement to the Instructional Tantra* and *Blue Beryl*.⁹⁴ Several instruments are there described as being used in the operation. The general term for the instrument used here is "eye spoon," or *migthur*, while certain other instruments are named according to their shape, for example "buckwheat-grain-shaped eye spoon" (*mig thur bra bo*) or "chisel's mouth" (*gzong kha*). Both of these instruments are made from copper, while the "She Yak's tongue spoon" (*'bri lce thur*) is made of gold. *Migthur* instruments are generally of six fingers' breadth in length and decorated with traditional designs (FIG. 4.25).

The characteristic of Tibetan cataract surgery is that using the "eye spoon," the opaque membrane (i.e., the cataract) is opened horizontally, then rolled and pushed either up or down, so that it no longer obscures the pupil. It is not removed completely. Beside the simplicity and usefulness of this specific technique, it is said that the Tibetan cataract operation is beneficial, as spectacles are no longer needed after the operation. Should a person after surgery, however, continue to carry out hard physical work or possess ongoing strong wind disorders, it is considered possible that the diseased membrane may cover the eye once again, the problem thus recurring. Therefore, following cataract surgery, a patient was advised to pay good attention to his or her physical and mental health as well.

* * *

This chapter has discussed several external therapies and surgical procedures found in Tibetan medicine. Historical accounts show that Tibetan medical external therapies did

not make major advances in their development over the centuries, in fact declining in the case of surgical techniques. The small population, harsh environment, and specific cultural reasons are all likely to have contributed to this situation. However, now the globalization of Tibetan medicine has brought many more people into contact with this medical tradition, so that it has come to be communicated through many different languages to students and patients throughout the world. However, especially in the global West, Sowa Rigpa has developed to a great extent outside of its original cultural framework, as well as under significant pressure from Western scientific demands. The legal framework is also entirely different from the contexts of Chinese and Indian national laws, where Sowa Rigpa is fully regulated and practiced in government and private clinics. Many aspects of Tibetan medicine, should they survive in the West, need to comply in terms of presentation and clinical work with biomedical paradigms. Due to different circumstances, even in the homelands of Sowa Rigpa, many therapeutic procedures that we can find recorded in texts and some in living memory have now been lost or are being lost at this very moment, the result of a lack of attention, proper transmission, and support.

That said, *kunye* massage has probably never been more popular and professionally done than it is now, carried out in present-day Europe and the United States. Because of the cold environment and particular cultures of bodily privacy, oil massage (*snum 'chos*) in Tibet never took much hold, unlike in India and Nepal. Moreover, the fact that oil is a rare and therefore expensive commodity in Tibet leaves little place for the use of Indian Ayurvedic therapies such as *dhara*,⁹⁵ or medicinal oil baths. Therefore many therapeutic works naturally became less practiced. Pharmaceutical practice, on the other hand, was widely accepted, in part because it did not require the same level of physical intimacy between practitioner and a sick person nor the specific facilities that massage treatments demanded.⁹⁶ Patients gained much from pharmacological therapies, which were traditionally handmade by the practitioner for each specific patient. It is therefore unsurprising that with increased demands for standardization and mass production, medicines have now come to be seen by some practitioners and patients as less effective than in former times, which certainly will bring a further loss of traditional means and ways and potentially their efficacy. There is no doubt that the moxibustion and

bloodletting therapies have been often the first choice of Tibetan people due to their effectiveness and affordability in Himalayan countries. In the past they have been available in towns and remote mountain villages, but now such practices are decreasing owing to various reasons in different areas.

In modern society, the reason for such loss is related to certain laws. For example, bloodletting is considered risky in India and is certainly not allowed in the global West unless performed by a biomedically trained doctor. Moxibustion is also subject to similar fears, laws, and thus limitations. Such restrictions are forcefully applied, becoming a principal reason why many Tibetan physicians — despite having used the aforementioned techniques throughout their working lives — no longer practice Tibetan medicine. And so the knowledge and skills of this ancient tradition fall further into decline.

Another factor is that although there are now many more students and young doctors studying and practicing Tibetan medicine, there is doubt about their receiving high quality and practically applied training. As this chapter goes some way to explaining, there is a lack of specialists trained in external therapies, with those knowledgeable often unable to pass on their skills because of busy workloads, age, and/or lack of facilities. Furthermore, there are no specialized training centers or hospitals where young doctors or therapists get sufficient training and practice in external therapies. In this way it becomes clear that external therapies and the works associated with them have not received enough professional or official recognition; in Tibetan society there is no official certification for practitioners of external therapies. Nonetheless, for those who do know how to use them, external therapies remain a vital component of Tibetan medical practice, performed whenever a patient needs them.

The increasing globalization of Asian medicine as the century proceeds means that alongside biomedicine, the embracing of complementary and alternative forms of knowledge and practice has influenced the development of Tibetan medicine as well. As a medical practitioner, I understand and accept that new discoveries in medicine, as well as the loss of certain older wisdom and techniques, are natural phenomena and examples of the evolution of knowledge. Yet, I do also think the preservation of time-tested medical knowledge and healing techniques is of great worth, and that they have the capacity to improve existing understandings of health and illness for the benefit and merit of human kind.

Chapter 5

Medicine, Astrology, and Divination

Ronit Yoeli-Tlalim



This chapter addresses the relationship between Sowa Rigpa and *tsi* (*rtsi*), which refers to the various sciences of the stars, time calculation, and divination.¹ The origins of this association, also found in many other traditional medical systems around the world, go back to the earliest extant sources in the Tibetan language — the Dunhuang manuscripts. Tibetan medicine and the astral sciences are intertwined to this day as is evident in the name of two important Tibetan medical institutions, the Mentsikhang Hospital in Lhasa and the Men-Tsee-Khang College and Hospital in Dharamsala, which in English are usually referred to as Institutes of Medicine and Astrology.

I will discuss some of the theoretical background of the links between medicine and astrology: the lunar cycle of vital energy, urine and pulse analysis, and the seven-day planet week. On the contemporary relevance of astrology in Tibetan medical practice, see chapter 1 and the vignette following this chapter.

The Connection between Medicine and Astrology in Context

Looking at the connections between medicine and the astral sciences in a cross-cultural perspective, one finds that the inherent links between the two begin perhaps with the overlap in addressing some of humankind's most pressing questions about ill health: Will I get better? Will I die? Indeed, in Western antiquity the distance between an astrologer's divination and medical prognostication was very small.²

In a European context, a close historical investigation into "rational Europe" suggests that the perceived distance between medicine and astrology is called into question. In relation to European medicine, Carlo Ginzburg has pointed out that the nature of medicine has been to varying extent conjectural knowledge, where medicine's "borders — governed, significantly, by the goddess Metis, Jove's first wife, who personified divination by aqueous means — were marked by such terms as 'conjecture' and 'speculate'."³ This paradigm, Ginzburg adds, "remained implicit — suppressed by the prestigious (and socially higher) model of knowledge developed by Plato."⁴

Correspondences between the body as a "little world" (microcosm) and the world as a whole (macrocosm) are found throughout human cultures, from ancient Babylonia till our current era.⁵ As much as those links between the human body and the stars have been popular, they have also always raised much criticism. At the heart of such criticism was the question of how much influence an individual has over her or his own fate.

One's view on this point tends to reflect a religious or philosophical position. In the Indo-Tibetan context, this position is intertwined with the Buddhist concept of karma, the lingering effect of one's previous life and its relations with celestial influences. From a Buddhist point of view, karma can be changed through good actions even in a single lifetime. Consequently, although the *Kālacakra Tantra* delineates a complex divination system and acknowledges the pragmatic value of astrological predictions, it emphasizes that ultimately a person's karma determines whether any celestial occurrence will have an auspicious or inauspicious outcome.⁶

Tibetan Medical Astrology — A General Overview

In Tibetan, the term *tsi*, which is usually translated as "astrology," refers in fact to astronomy, time calculation, and divination. These Tibetan astral sciences are further divided into what is usually translated as "elemental astrology," or *chungtsi* (*'byung rtsis*), and "astronomy/astrology," or *karts'i* (*skar rtsis*). *Chungtsi* is also known as "Chinese divination," or *nagtsi* (*nag rtsis*). This refers to a system of divination based on primary concepts also found in Chinese divination: the relationships formed between the five phases (wood, fire, earth, metal, and water, FIG. 5.1) and their various representations, the twelve animal signs (rat, ox, tiger, hare, dragon, snake, horse, sheep, monkey, bird, dog, and pig), the trigrams (*spar kha*), and numeric squares (*sme ba*).

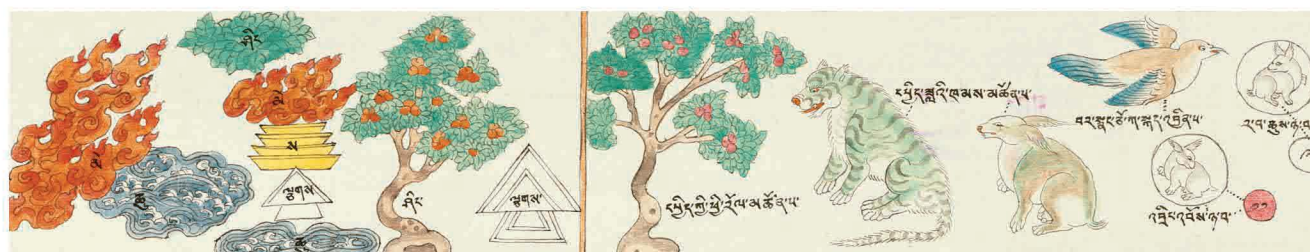
The corpus of astrological/divinatory sciences is furthermore referred to as *tsuglag* (*gtsug lag*), a term that also refers to the sciences as a whole. The word *tsuglag* covers a broad range of meanings but most generally refers to treatises (*śāstra*) of techniques, sciences, morality, and the art of governance.⁷

Medicine and astrology have been closely interlinked in Tibet, theoretically, practically, and institutionally. Medicine and astrology have been taught together at medical colleges. Still today, Tibetan doctors are required to study some basics of Tibetan astrology as part of their training. Divination has played — and still plays — a significant role in all levels of Tibetan society. Calculations of the relationships formed by the five elements (wood, fire, earth, metal, and water) are frequently applied in all aspects of life, such as birth, marriage, detecting obstacles, analyzing disease, analyzing spiritual progress, and foretelling death. There are various types of auspicious and inauspicious dates, which are marked on every Tibetan calendar. A Tibetan almanac is published each year by the astrology departments of major Tibetan medical institutions (FIG. 1.9). In general, the waxing half of Tibetan lunar months is considered more auspicious than the waning.

Medicines From The Plains (I) from Jampal Dorje's *Beautiful Marvellous Eye Ornament*. Mongolia; 19th century. Part II, folio 16 *recto* & 16 *verso*. Reprinted in *Satapitaka Series* (Vol. 82), New Delhi, International Academy of Indian Culture, 1971. Tibetan Buddhist Resource Center. W30452



5.1 Detail from Fig. 5.2. Relationship Between the Five Phases of Wood, Fire, Earth, Metal, and Water, Seasons, and Pulse Divination — Spring.



Therefore, most Tibetans will begin constructive, positive practices during the first half of the lunar month.⁸

Astrological divination of illness has occupied a major part of divination practices in general. These practices, assigned to an astrologer rather than a doctor, are considered significant especially in cases where the patient was not seen to respond to medical treatment. Some of the topics examined within this context include: the degree to which the life-spirit or lifespan has been dissipated; the degree to which a person is sought after or exploited by malevolent forces; the degree to which the “heavenly life-line” has been cut, and others. The prime work where these topics are discussed is Sangye Gyatso’s (Sangs rgyas rgya mtsho, 1653–1705) *White Beryl* work on astrology and divination composed in the 1680s.⁹ In the mid-eighteenth century this text was artfully illustrated by Sonam Paljor (Bsod nams dpal ‘byor) of Tsedong in the Sakya area of central Tibet. The outcome is an exquisite illuminated manuscript with ninety-four folios, kept between two painted, lacquered wood covers (FIG. 5.3).¹⁰ With regard to divination of illness, this illuminated manuscript shows for instance the “pine tree divination” technique, which uses pebbles (FIG. 5.4). It illustrates the relevant section in the *White Beryl* where the categories of vitality, body, destiny, and luck are examined in order to know the degree to which the life-spirit has been dissipated. If a negative outcome is reached — marked by black pebbles — rituals are performed to ransom the life-spirit. Diet and modes of dress are also prescribed to counteract the demons responsible for ailments.

Divination is also used in medical contexts in order to determine the existence of what is termed spirit-inflicted illness. These are illnesses that are otherwise unexplained and are attributed to nine types of spirits. It is said that in order to treat such an illness, it is necessary to identify which type of spirit is causing the affliction. Various divination methods for diagnosing such illnesses are described in the medical writings (see for example the section on urine divination below).

Another link between medicine and time calculation is the seasonal influences on pulse diagnosis.¹¹ It is presupposed

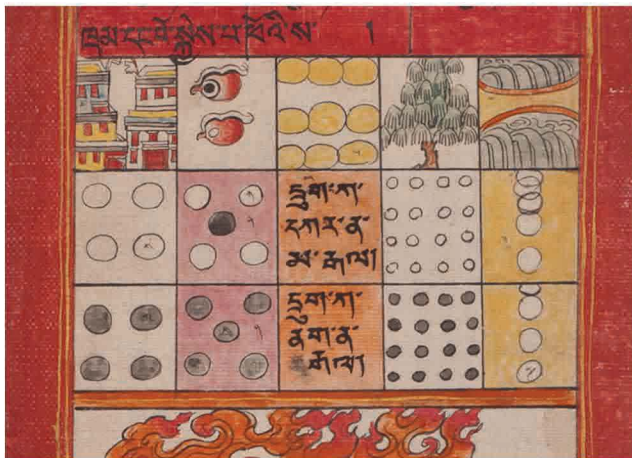
that seasons have an effect on the pulse, and since each season has its particular activity pattern, a doctor needs to know the exact time of the season in order to be able to read the pulse correctly. The top row of Plate 55 of the Tibetan medical paintings (FIGS. 5.1 and 5.2) details the relationship between the five phases (wood, fire, earth, metal, water) that fluctuate according to season and pulse divination. For example, if the diagnosis takes place in the spring, when the wood element prevails and if at this time both the seasonal wood element pulse (i.e., the liver pulse) and the water element pulse (i.e., the kidney pulse) are flourishing, then the prognosis is excellent.

Of an even more divinatory nature are the “seven astonishing pulses,” which are featured lower down on Plate 55. These are based on the mother-son and friend-enemy relationship between the five phases and the patient’s organs, as delineated in Chinese divination. A Tibetan doctor is shown as being able to read in the pulse information regarding the patient’s family, guests, enemies, finances, relationship with spirits, prospects, and procreative fate.¹² Other themes in which medical and astrological realms interact are the collection of medicinal herbs and the preparation of medicines (see chapters 3 and 9).

The links between Tibetan medicine and astrology are derived from several theoretical contexts. One is the *Kālacakra Tantra*, an Indian Buddhist tantra that reached Tibet in the eleventh century and describes the association between the human body and the external world. In the *Kālacakra* tradition, the integral application of astronomical and medical knowledge is perceived as facilitating the flourishing of human potential and attainment of well-being. It focuses on the ways in which celestial bodies correlate with and influence the human body. This is based on two fundamental premises. The first is that both the human body and the cosmos are of the nature of time. The second is that both the human body and the cosmos are composed of the same particles that make up the elements of earth, fire, water, air, space, and gnosis.¹³

The first two chapters of the *Kālacakra Tantra*, dealing respectively with the universe (Skt. *loka-dhātu*) and the

5.2 Pulse Divination. Plate 55 of the Tibetan medical paintings (Ulan Ude set). Lhasa, central Tibet; early 20th century. Pigments on cloth; 86×68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia



individual (Skt. *adhyātma*), demonstrate the Buddhist Tantric view of the universe as macrocosm and the individual as its microcosm. The *Kālacakra* inquiries into the nature of the external world and the individual applies various disciplines such as Buddhist cosmology, astronomy, time measurement, embryology, physiology, botany, psychology, and pharmacology. The aim is to provide an analysis of the natural world, which is viewed conventionally as an object of purification and ultimately as a manifestation of the Buddha's mind. One of the goals of the *Kālacakra Tantra* is to demonstrate the correspondence of the universe to the individual by identifying the properties of the external physical universe in the body of the individual (FIG. 5.6).¹⁴

Tibetan Buddhist accounts maintain that medicine as well as astrology was taught by Buddha Śākyamuni, the founder of Buddhism. Both medicine and astrology have been categorized as Buddhist classical sciences, or *rigne* (*rig gnas*).¹⁵ Among the Buddhist classical sciences, medicine is traditionally categorized under the five major sciences (*rig gnas che ba*)¹⁶ and astrology and divination under the five minor

sciences (*rig gnas chung ba*).¹⁷ It is worth noting here that the Tibetan term *rigne*, which is usually translated as "science," also means "art," "culture," or "a field of knowledge." From a Mahayana point of view, the study of these ten fields of knowledge has been described as essential in the path of the bodhisattva's striving toward omniscience. This omniscience is considered in Buddhist literature both a means of helping others and a way of knowing oneself.¹⁸

The *Gyushi*, or *Four Tantras*, thought by scholars to have been composed in the twelfth century, is still regarded in most traditions of Sowa Rigpa as the *locus classicus* of Tibetan medicine. It begins with an account of how the Buddha, manifesting as the Medicine Buddha, gave the teaching encompassed in the text (see chapter 1).¹⁹ Similarly, Sangye Gyatso in the *White Beryl*, his seminal work on Tibetan divination, ascribes the source of the knowledge of divination to Mañjuśrī (also known as Mañjughoṣa), a Buddhist deity associated with wisdom (FIG. 5.5).²⁰

China as the Land of Divination

There are two types of sources that can help us reconstruct a picture of the transmission of Chinese medical divination to Tibetan cultures. The first are Tibetan sources, which somehow relate to the history of divination, and the second are the ancient Tibetan divination manuscripts from Dunhuang.

Within the first type, Tibetan sources often refer to China as the land of divination. We thus find Tibetan accounts according to which Songtsen Gampo is said to have brought to Tibet knowledge from its four great surrounding countries. As Pawo Tsuglag (Dpa' bo gtsug lag, 1504–1566), tells us: "In the east, from China and Minyak, he took books of technology and of divinatory calculation (others say: medicine and calculations) of the five elements."²¹ The main figures who are predominantly mentioned as transmitters of this knowledge into Tibet are Confucius, usually rendered in Tibetan as Kongtse (Kong tse, Kong tshe), and the two Chinese princesses married to Tibetan kings at the time of the Tibetan empire, Princess Wencheng and Princess Jincheng.²² In the Dunhuang manuscript IOL Tib J 742, a Tibetan-language manuscript currently preserved in the British Library, for example, Kongtse is mentioned as the author of a divination text.²³ These references to Kongtse were later repeated and adapted in different forms within Tibetan sources. In the Bonpo tradition, a related figure named Kongtse Trulgyi Gyalpo (Kong tse 'phrul gyi rgyal po), appears as a Chinese king possessing an ability to predict the future.²⁴ In Buddhist sources, Kongtse Trulgyi Gyalpo is linked not only to Confucius but also to Mañjuśrī.²⁵

5.3 A manuscript edition of the *White Beryl* by Sangye Gyatso, written and illustrated by Sonam Paljor. Sakya, central Tibet; mid-18th century. Color on cotton and lacquered wood covers; 94 ff, 10.8×60.7 cm. Courtesy of Sam Fogg, London

5.4 Pine Tree Divination Technique from Sonam Paljor's Illustrated Manuscript Edition of Sangye Gyatso's *White Beryl*. Sakya, central Tibet; mid-18th century. Color on cotton and lacquered wood covers; 94 ff, 10.8×60.7 cm. Courtesy of Sam Fogg, London

Tibetan sources also present legendary Chinese accounts regarding the origins of divination. According to these legends, as they are redacted in Tibetan sources, the mythical Chinese emperor Fu Xi (Spa huh shi dhi) saw a gold-colored turtle (*rus sba*), which was offered to him by a subject from the coastal region. When he inspected it, the patterns of the eight trigrams (*spar kha*, C: *ba gua*) first arose in his mind. Consequently, the divination system based on the elemental relationships formed by the eight trigrams, the nine numeric squares (*sme ba dgu*), and the twelve-year cycle (*lo skor bcu gnyis*) were devised (FIG. 5.7), and treatises were gradually composed by kings, ministers, and learned scholars who had mastered these systems.²⁶ Tibetan sources distinguish between two strands of Chinese divination teachings: an older strand of Chinese divination (*rgya rtsis rnying ma*) and a more recent one (*rgya rtsis gsar ma*), which was propagated from the seventeenth century onward.²⁷ In the seventeenth century, during the reign of the Fifth Dalai Lama and his regent, Sangye Gyatso, notions taken from Chinese divination as well as from other traditions were synthesized and fully incorporated into a coherent Buddhist whole. However, according to Sangye Gyatso, the so-called astrological texts from China that were in general use in Tibet were in fact not written in China and in all probability were written by Tibetans though they presented Chinese ideas.²⁸

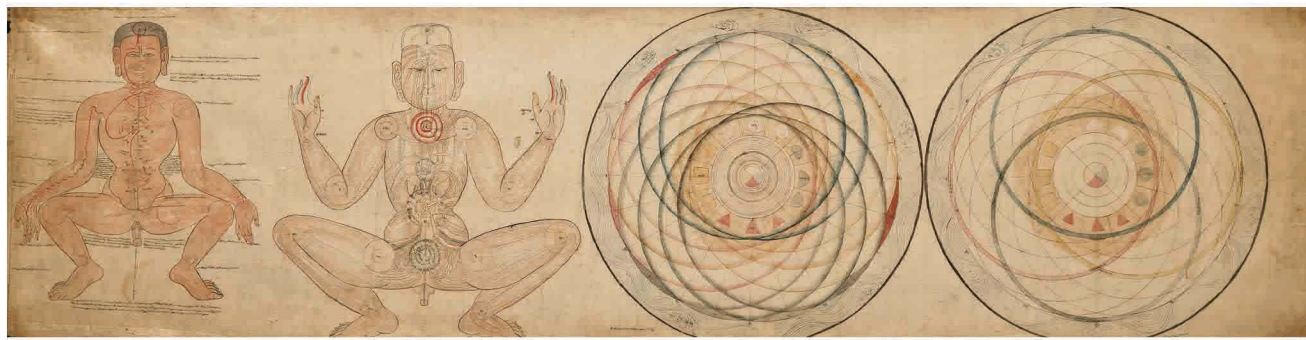
Jamgon Kongtrul ('Jam mgon kong sprul, 1813–1899), the nineteenth-century Tibetan scholar, tells the story of the development of Tibetan astrology in the following way: “In particular, an emanation of Mañjughosha known as Khong sphu rtsi [Confucius] who is also known in Tibetan under the name Kong tse 'phrul rgyal, introduced copious texts on divination, as well as rituals to promote good auspices, the ethical rectification of society, and so forth.”²⁹ Subsequently, we are told by Jamgon Kongtrul, a very large number of texts were composed within China on these topics. Tibetan sources give us titles, content, and occasional excerpts from these texts,³⁰ but it is yet to be established whether these texts ever existed in the way they are described in the Tibetan sources or whether the Tibetans compiled their own versions based on now unknown, possibly lost, Chinese sources. Whatever the case may be, these Tibetan texts are often unique variations of Chinese divination.

Medical Divination from Dunhuang

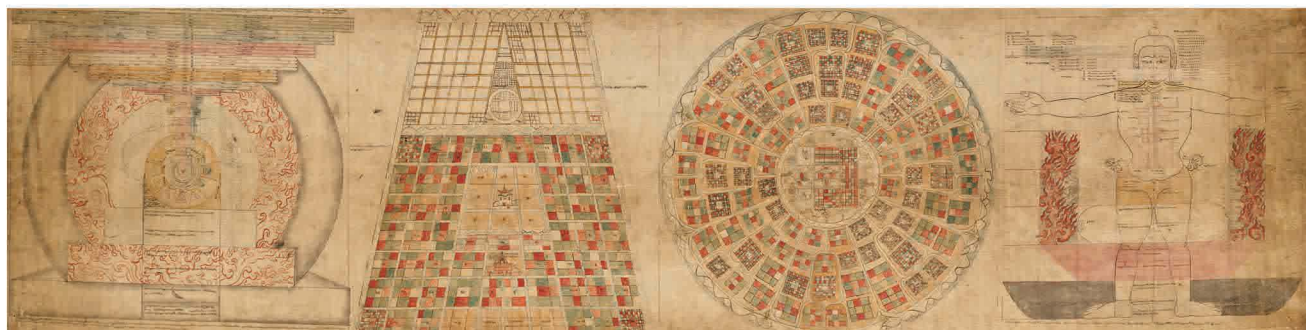
The earliest extant Tibetan sources that mention Confucius as the source for knowledge on divination are to be found among the Tibetan manuscripts from Dunhuang, unearthed in caves in western China at the beginning of the twentieth century. Dunhuang was formerly an important town on



5.5 Folios of Sonam Paljor's illustrated edition of Sangye Gyatso's *White Beryl*. The right one shows Mañjuśrī (or Mañjughosha) as the source of knowledge of divination. Sakya, central Tibet; mid-18th century. Color on cotton and lacquered wood covers; 94 ff, 10.8×60.7 cm. Courtesy of Sam Fogg, London



5.6 Buddhist
Cosmological Scroll,
illustrating the *Kālacakra*
Tantra's notions of the
correspondences between
the universe and the
human body — Side A;
and notions of the cakras
in the body and astrono-
mical schemes of the
universe — Side B. Tibet;
16th century. Pigments
on cloth; 182 × 48 cm.
Rubin Museum of Art.
C2009.9 (HAR 61200)



the Silk Road, at the hub of international trade routes of the ancient world. The “cave library,” from which most of the sources under discussion here originated, contained tens of thousands of manuscripts. This cave was sealed in the early eleventh century for reasons that are still being debated.³¹

Although Chinese is the most important language of the Dunhuang collection, there are also many documents in Tibetan, Sogdian, Khotanese, Sanskrit, and Uighur.³² With the advance of research in the many languages of the manuscripts of Dunhuang, we are able to ascertain that the different cultures represented in the manuscripts found in the caves of Dunhuang and of other Silk Road sites are not only present in the same locations but have also interacted in multiple ways.³³ The Dunhuang manuscripts are of enormous significance for Buddhist, Central Asian, and Chinese history. Their significance for the history of medicine and of science has only recently begun to be explored.³⁴ Generally speaking, the manuscripts in question are dated between the ninth to the early eleventh century, and thus represent the earliest extant sources on Tibetan medicine, as well as on Tibetan divination/astrology. It is anticipated that as work progresses on these manuscripts, more will be revealed on the exchange of knowledge at this important crossroad of cultures.

Being a Chinese town since Han times, then briefly ruled by Tibetans (781–848), and subsequently again controlled by Chinese, Dunhuang exhibits various aspects of Sino-Tibetan

culture. These have been pointed out in various areas such as religion, history, and medicine³⁵ and are also apparent in the area of divination.

As mentioned, several Tibetan divination texts from Dunhuang refer to Confucius as their author, rendering him as Kongtse. It should be noted here that the Tibetan designation Kongtse does not always refer to Confucius. Among the Tibetan manuscripts from Dunhuang we also find Tibetan translations of Confucian maxims.³⁶ Indeed, according to Chinese sources from Dunhuang, we know that Confucian doctrines were taught in the prefectural Dunhuang school and that special rites for his worship were conducted twice a year, at the time of the equinoxes, in which the physicians of Dunhuang participated.³⁷ In the Chinese medical divination sources from Dunhuang,³⁸ the texts on dream divination (oneiromancy) and on calendars are placed under the authority of the Duke of Zhou, Confucius, or Yan Yuan. Some of these texts were produced locally, either in the form of new works or as adaptations of existing treatises.³⁹

The Chinese material also provides various indications regarding the wide provenance and use of this type of literature. Notes added at the beginnings and ends of texts, bookmarks glued to the manuscripts, and the provenance of these types of texts in a distribution list of books all point toward the wide dissemination of various kinds of divination texts and practices (Ch. *shushu*) among the population of Dunhuang.⁴⁰

5.7 A Tibetan Protection Painting, or *Sipaho*. Tibet; 19th century. Watercolor on paper; 70 × 45.3 cm. Wellcome Library, London. Oriental Tibetan 114

The main elements of Tibetan divination on the belly of a turtle-like creature are the twelve animal signs, the eight trigrams, and the nine numeric squares.



Buddhist institutions in Dunhuang were involved in *shushu* (divination) practices in various ways, including deriving part of their income from them. *Shushu* was extremely popular in Dunhuang and indeed formed the most fundamental part of popular religion. While certain manuals were reserved for use by experienced diviners, others were accessible for all. What is also evident in the transmission and propagation of these traditions is a multilayered stratification, combining various measures of learned and popular culture.⁴¹ That these traditions were widespread is similarly reflected in their appearance as part of the educational materials used in schools, copied by pupils as simple writing exercises.⁴²

Prognostication was frequently accompanied by exorcisms and various invocations. The complementarity between exorcism and divination is especially visible in the context of treatment of diseases. There are numerous nature deities and gods mentioned in these texts as well as countless malevolent spirits who are considered the cause of diseases, all bearing witness to the strong involvement of the *shushu* culture in popular religion.⁴³ We also know from Chinese sources that doctors were versed in the astro-calendrical arts and were in charge of the redaction and diffusion of the annotated calendar.⁴⁴

These Dunhuang Chinese texts were copied during the ninth and tenth centuries, i.e., the period of Tibetan domination and under the successive administration of the Army of the Return to Duty (Ch. Guiyijun). Some of the Tibetan divination texts from Dunhuang might be referring to the *Yijing* (*I Ching*).⁴⁵ Elements from the *Yijing*, most notably the reference to the eight trigrams, later became fully integrated into medical divination as delineated, for example, in the *White Beryl* (FIG. 5.8).

Such an early point in time in which these divinatory ideas were brought into Tibetan culture, as so far evidenced in the Dunhuang manuscripts, is further corroborated by two other types of evidence. The first are Tibetan narratives ascribing the transmission to the Chinese princesses Wencheng and Jincheng, who married Tibetan kings. The second comes from linguistic data analyzed by Berthold Laufer. Based on the form of the names of the trigrams as they appear in Tibetan in comparison with the Chinese, Laufer has shown that the Tibetan transcriptions have partially preserved the ancient initial consonants and the ancient finals of the Chinese, hence concluding that the transmission occurred during the Tang period.⁴⁶ (TABLE 5.1)

Research into the links between Chinese and Tibetan medical ideas as they are reflected in the Dunhuang material is only in its primary stages, but several of the Dunhuang

The Eight Trigrams	Tibetan (Wylie)	Chinese
Sky	<i>Kin</i> or: <i>ging</i> (<i>khen</i>) ⁴⁷	<i>K'ien</i>
Lake	<i>Dwa</i>	<i>Tui</i>
Fire	<i>Li</i>	<i>Li</i>
Thunder	<i>Tsin, zin</i>	<i>Čôn, tsôn, čin</i>
Wind	<i>Zon</i>	<i>Sun</i>
Water	<i>Kham</i>	<i>K'an</i> (<i>k'am</i>)
Mountain	<i>Gin</i>	<i>Ken</i>
Earth	<i>Khon</i> ⁴⁸	<i>K'un</i>

TABLE 5.1
The names of the trigrams in Tibetan and Chinese as found in early Dunhuang manuscripts

manuscripts show interesting indications of this sort. One such Tibetan manuscript is Pelliot *tibétain* 127, which contains several texts.

One of these is what is believed to be the earliest Tibetan delineation of the sexagenary cycle, used in Pelliot *tibétain* 127 (verso, lines 1–9) not for calendrical purposes but for divinatory/astrological purposes.⁴⁹ The reverse side of this manuscript contains two texts: the first is a divination text (recto, lines 1–77) and the second is a medical text on moxibustion (recto, lines 78–184), of which we also find one illustration in Pelliot *Tibétain* 1058 (FIG. 4.1).⁵⁰ The divination text begins with the words:

Formerly, the gifted man of magical faculties (*'phrul gyi myis*) established this text of divination (astrology, sciences/*gtsug lag*) as a model (*dpe*) for future generations. It deals with the positive and negative [aspects] of the level of prosperity (*dbang btang che chung*), years of life (*lo srog*) and power (*mthun*).⁵¹

These categories are very similar to the ones we know from later sources in Tibetan divination, such as vitality (*srog*), body (*lus*), destiny (*dbang thang*), and luck (*rlung rta*). The vitality aspect is the life-essence present in the heart of beings; the body element determines physical health; the destiny element governs personal spheres of influence, wealth, property, food, clothing, and descendants; the luck refers to good fortune and good reputation.

The reference to the “gifted man of magical faculties” probably refers to Kongtse.⁵² This section of Pelliot *tibétain* 127 is very similar to IOL Tib J 748, another Tibetan divination text from Dunhuang, ending with what appears to be either a very early Tibetan reference to the *Yijing* or to divination in general.⁵³ The two texts are probably two copies of the same original.⁵⁴

5.8 Details from Fig. 5.5. Mañjuśrī and Chinese Trigrams

Chinese trigrams became fully integrated into Tibetan medical divination as illustrated in Sonam Paljor’s illustrated manuscript edition of Sangye Gyatso’s 17th-century *White Beryl*.



The Lunar Cycle of Vital Energy and Moxibustion Prohibitions

The notion that there is a cyclical vital force that flows around the body in accordance with the lunar cycle is an important notion in Tibetan medicine and has various practical implications. This force, termed *la* (*bla*), is described as responsible for a person’s vitality and well-being.⁵⁵ According to Tibetan medical theory, sometimes when a person experiences a great shock, the *la* force may be lost. Thereafter, the person may show signs of illness. The *Blue Beryl*, Sangye Gyatso’s seventeenth-century commentary on the *Four Tantras*, describes the movement of the *la* in the body in locations known as the *la ne* (*bla gnas*, see also chapters 2 and 4). This movement of the *la* occurs in accordance with the lunar cycle. Determining the location of the *la* is considered important in Tibetan medical practice, since invasive therapies such as golden needle therapy, moxibustion, or bloodletting in an area where the *la* resides at the time of treatment is seen to be harmful for the patient. According to Tibetan medicine, these invasive therapies are also to be avoided on days of new or full moon, when the *la* is said to pervade the entire body for a short time.

In one of the medical paintings illustrating the *Blue Beryl* and the *Four Tantras* there is a depiction of the movement of the *la* in a male body (FIG. 4.6). The *la* follows a prescribed sequence, beginning with the first joint of the left big toe on the first day of the lunar month; moving on to the second joint of the left big toe on the second day, then the left ankle, left knee, left hip joint, left arm, left shoulder, throat, crown of the head, and then down by the reverse course on the right.⁵⁶ In women, the *la* moves in the reverse direction, from right to left. In the Tibetan medical paintings each of the *la ne* also has a syllable attached to it, based on correlations between the inner and the outer worlds as found in the *Kālacakra Tantra*. These syllables are a form of numerology and are used to categorize time.⁵⁷

The earliest extant Tibetan source to refer to such a cycle is a moxibustion manual from Dunhunag, Pelliot Tibétain 1044, which has been provisionally dated to the mid-ninth century,⁵⁸ in which we find the following:

As for the method of moxibustion: the day of the month (*tshes grangs*) needs to be established and the location of the *bla* (*bla*) [needs

to be] calculated. Apply accordingly [when] it [the *bla*] is not descending.⁵⁹

The idea of such a vital force that flows around the body in accordance with the lunar cycle appears in Chinese medical sources both before and after the period of Dunhuang, where they are referred to as *renshen* (human spirit).⁶⁰ A graphical reflection of the Sino-Tibetan nature of the *renshen*/*la* notion can be seen in some of the *renshen* manuscripts, which have both Chinese and Tibetan inscriptions.⁶¹

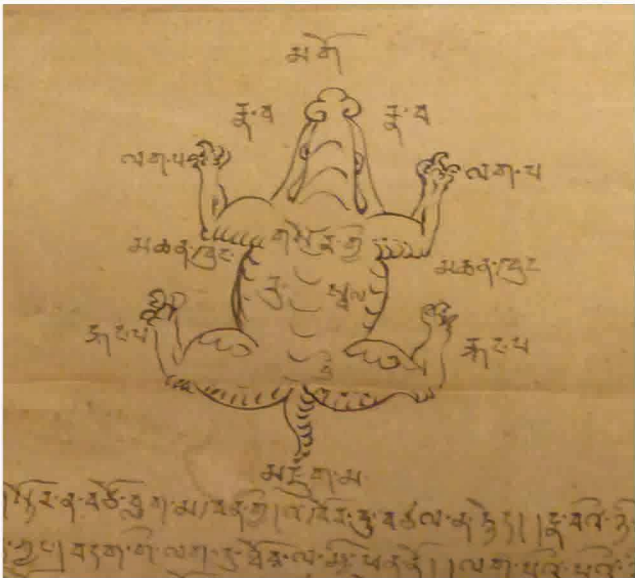
In the approximately fifty Chinese calendars found in Dunhuang and dated between the ninth and tenth centuries, there are two methods discussing favorable and unfavorable days: the transfer of the daily spirit (*riyou*, important particularly after childbirth) and that of the location of the human spirit in the body (*renshen*, relevant particularly with acupuncture and moxibustion).

The origin of the notion of the human spirit (*renshen*) in Chinese medicine is found in medical texts as early as the Han period. The Chinese material from Dunhuang provides examples of various types of *renshen*, but those based on days of the lunar month may have been the most widely disseminated and influential, to the point of being general knowledge in medieval society.⁶²

Knowledge of the movement of the *renshen* was essential for physicians, as the preface of Pelliot 2675 R, a Chinese moxibustion manual, shows. It states that the text includes “all the specialists’ moxibustion methods ... along with the annual, monthly, daily, and other *renshen* [systems] and the miscellaneous prohibitions of all the specialists.”⁶³ It is within this context that we need to view Pelliot Tibétain 1044 too — it exemplifies that the calculation of the day of the month is essential knowledge for a physician. Unlike the Chinese case, which had entirely disappeared in later sources, in the Tibetan case this tradition has remained alive.⁶⁴

The Turtle

The common Tibetan depictions of the turtle in the context of divination are derived from the Chinese mythical association of the shell of a sacred turtle and divination as discussed above. The earliest known depiction of a turtle in the context of divination in the Tibetan language is found again among Dunhuang materials from the ninth or tenth century (FIG. 5.9). Here a Tibetan turtle divination chart is for the purpose of finding lost objects. Visually the animal depicted looks like a cross between a turtle and a frog. This chart, along with other Tibetan divination charts, is found at the back of a *Prajñāpāramitā Sutra*, a sutra of the Perfection of Transcendent Wisdom, written in Chinese. Such dual uses of a scroll are



5.9 A Tibetan Turtle Divination Chart for the Purpose of Finding Lost Objects. Dunhuang; 9th–10th century. Ink on paper. British Library. Or.8210/S.6878

This chart, along with other Tibetan divination charts, is found at the back of a *Prajnaparamita Sutra* scroll written in Chinese.

very common among the Dunhuang manuscripts and were usually because of the scarcity of paper.

The Tibetan name for turtle, *rubel* (*rus*, bones; *sbal*, frog) literally meaning “frog of bones” might explain the presence of frog-like creatures in the context of many divination and astrology charts.⁶⁵ One of them shows a frog surmounted on poles and held by the turtle in its four feet. In this context a frog represents the spirits of the earth. Being nailed onto a stick symbolizes their pinning down into stability.⁶⁶ The turtle also played an important role in Indian cosmological myths,⁶⁷ as well as Western and Arabic ones.

Known in Tibet as the Great Golden Turtle (Mahā gser gyi rus sbal), it is a common figure in Tibetan folk religion, with the role of preventing trouble and bad luck. The turtle is considered to be a manifestation of Mañjuśrī and it is depicted lying on its back, with its head in the south and tail in the north. In the Tibetan depictions the trigrams, magic squares, and nine sectors appear on the turtle’s belly (FIG. 5.10). The turtle is also depicted on the top left of a medical chart in Figure 2.14.

Divination and Astrological Practices in Urine and Pulse Diagnosis

Urine and pulse diagnosis are fundamental components of diagnosis in Tibetan medicine — along with tongue diagnosis and questioning (see chapter 1). While urine analysis in Tibetan medicine seems to have originated in the Greco-Arab medical tradition,⁶⁸ its particular divination aspects appear to be a unique Tibetan variation. Similarly, while Tibetan pulse analysis seems to be a variation of Chinese pulse analysis, its particular divination aspects appear to be Tibetan.⁶⁹

5.10 A *Sipaho* Protective Painting depicting a turtle (bottom center) and Mañjuśrī (top center), who legend holds taught astrology at Wutaishan. Tibet; late 18th century. Pigments on cloth; 125.1 × 92 cm. Rubin Museum of Art. C2006.71.11 (HAR 65764)





७१। स्मृत्स्मृतिदशरथकुर्वन्नुपनिविद्ययासुतेनैवैतद्धर्मोऽयम्।

ཕྱི་རྒྱུད་ལེན་པ་གཉིས་པ་རྒྱུ་མཛོད་ཀྱི་ཡུལ་འབྲེལ་ཐུག་པ་ལྟ་བུ་ལྷན་ཁུངས་ཀྱི་རྒྱུད་ལོ་ལོ་སོ་སོའི་

ཕྱིདཔའི་རུས་སྐལ་ལོ་མོ་གཞིས་ཀའི་ཕྱིདཔའི་རུས་སྐལ་ལྷི་མའི་འཕྲོ་ལོ་གསུམ་པ་ལ་ཤོད་པ་དགུ་ཉི་ཤུ་པ་ལ་རྒྱལ་པའི་ཐར་པ་ཀོང་པའི་བྱིས་ཆ་རྩེ་ལེ་ལོ་ཐོད།

W

5.11 Urine Analysis of Pathological Signs and Demonic Influences. Plate 64 of the Tibetan medical paintings (Ulan Ude set). Lhasa, central Tibet; early 20th century. Pigments on cloth; 86×68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia

The three turtle diagrams with their nine sections are used in urine diagnosis. The left turtle is used for male patients, the middle for female patients, and the right for demon diagnosis in both males and females.

Divinatory aspects of urine analysis in Tibetan medicine focused primarily on the detection of negative spirits, which may cause, according to Tibetan medicine, the development of an illness, and on predicting death. A fresh sample of urine was placed in a shallow container of round or oblong shape. The nine sections of the turtle divination chart were observed by placing four sticks on top of the container, two horizontally and two vertically.⁷⁰

The medical paintings show how changes of the urine specimen are then to be observed in the nine sections (FIG. 5.11). According to the changes of urine the doctor may identify which type of negative spirit is affecting the patient. Some of the negative spirits, which a physician would try to diagnose in this way, are the *lu* (*klu*), *nyen* (*gnyan*), *thiu rang* (*the'u rang*), and *menmo* (*sman mo*). The *lu* are snake-like water spirits originating from rivers, lakes, and springs who may provoke leprosy and other illnesses if disturbed;⁷¹ the *nyen* are known to cause illnesses that transmit from person to person;⁷² the *thiu rang* are seen to inflict illness upon children; and the *menmo* mentally disturb young girls especially. This technique is rarely practiced today.

In the practice of divinatory aspects of pulse diagnosis, particular emphasis is placed on the influence of the seasons on the viscera and their relationship with the five elements

TABLE 5.2 Seasons and Elements associated with Internal Organs

Season	Element	Organs
Spring	Wood	liver and gall bladder
Summer	Fire	heart and small intestine
Seasonal junctions	Earth	spleen and stomach
Autumn	Metal	lungs and large intestine
Winter	Water	kidneys, reservoir of reproductive fluid, and urinary bladder

TABLE 5.3 The Seven-Day Planet Week

Day/Planet (Tib.)	Day	Planet	Symbol
<i>nyi ma</i>	Sunday	sun	solar disk
<i>zla ba</i>	Monday	moon	crescent
<i>mig dmar</i>	Tuesday	Mars	red eye
<i>'lag pa</i>	Wednesday	Mercury	hand
<i>phur bu</i>	Thursday	Jupiter	thunderbolt/dagger
<i>pa sangs</i>	Friday	Venus	arrow
<i>spen pa</i>	Saturday	Saturn	bundle

(see above and FIG. 5.1).⁷³ Seasons have an effect on the pulse, and hence a doctor needs to know the exact time of the season in order to be able to read the pulse correctly. As each season also has its particular activity pattern, knowing the exact time of the season is equally important for prescribing fitting behavioral changes or adjustments.

The Tibetan year of 360 days is divided into four seasons of seventy-two days each, which are marked by four seasonal junctions that last for eighteen days each. During each of these four seasons and the seasonal junctions, a respective element prevails: wood in spring; fire in summer; iron in autumn; water in winter. During seasonal junctions, the element of earth prevails. The seasons and elements are also associated with internal organs as show in Table 5.2.

Each of the lunar months consists of thirty days and is marked by a constellation and associated with an emblematic animal called the master of the month (*zla ba'i bdag po*). During each season, characterized by certain events observable in the external environment, the organ pulses, corresponding to the life element of the season, are said to be flourishing (*dar ba*). For example, during the seventy-two days of the spring season the element of wood prevails.⁷⁴ Trees blossom and the lark sings. During this period, the pulses of the liver and gall bladder (the two organs associated with the wood element), flourish in accordance with these external phenomena. This pulse is described as beating thin and twisted, like the singing of a lark or like the string of a lute.

During the first season junction, that is, during the last eighteen days of the third lunar month, the earth element dominates. At this time, the pulses of the spleen and the stomach, which are in correspondence with the earth element, flourish and they beat short and smooth, like the singing of a sparrow.

Although we do find ample references to this kind of pulse diagnosis in the medical literature, in contemporary practice of Sowa Rigpa the tradition of reading the “seven astonishing pulses” is hardly practiced by most Tibetan doctors. As noted by Jampa Gyaltsen Dagthon (1939–1997), the previous head of the astrological department of the Dharamsala Men-Tsee-Khang, Tibetan doctors in exile no longer have the ability to read these pulses, and if they do, they tend to be very secretive about it.⁷⁵ It is not known to me what the situation of this skill might be in Mongolia, Buryatia, Tibet, or Bhutan.

The Seven-Day Planet Week

In the Tibetan tradition, the seven planets are associated with the seven days of the weeks, as they were in the Greco-Roman and Indian systems (TABLE 5.3).



5.12 Detail from Fig. 5.7. Association of Planets and their Symbols with the Seven Days of the Week

The association between days and planets (FIG. 5.12), which is also found in the Kālacakra literature, has various implications in the practice of Tibetan medicine.⁷⁶ For example, moxibustion should not be applied on a Tuesday, since Tuesday is associated with Mars and Mars is associated with the element of fire. Since fire is dominant when applying moxibustion, it should not be applied then so as not to create an excess of this element.⁷⁷

The same association of the planets with the days of the week is known in the West from the Hellenic world. The link between days and planets can be traced back to at least to the first century CE.⁷⁸ By the beginning of the third century the association between the planets and weekdays became common throughout the Roman Empire. Evidence of these associations is apparent in the names of the days of the week as they have remained in many European languages. It is from an unidentified Greek source that this association reached India in the third century, in Spuhujidhvaja's *Yavanajātaka* (the *Horoscopy of the Greeks*), composed in 269/270 CE. Chapter 79, verse 52 says:

The lords of the nychthemera are, in order, the Sun, the Moon, Mars, Mercury, Jupiter, Venus, and Saturn; the lords

of the years are (the planets) which are the lords on the first days (of the years); and the lords of the seasons (*rtu*) are the lords of the first days in those seasons during that year.⁷⁹

The seven-day week, with its associated planets, was also known in China, possibly from the time of the Tang period. Huber, in 1906, discussed several works that are found in the Chinese *Tripitaka*, the Buddhist canon, which deal with the seven planets and their association with the days. Interestingly, the names used for the days in these Chinese Buddhist texts are derived from Persian.⁸⁰ The Persian link is probably derived from a Manichean, pre-Islamic one.⁸¹

* * *

Like Tibetan medicine in general, Tibetan astro-medicine has synthesized various elements from a number of different cultures. Yet its vividness seems to be all its own. In attempting to explain this vividness, one can perhaps point out the implications of the Buddhist notion of karma discussed above.

In addition to any deterministic readings into one's constitution, links with particular heavenly bodies or any other calculation, it is the karmic factor that may alter, in one way or another, a basic proscribed tendency. At the heart of this mode of understanding lies the notion of auspicious coincidence (*rten 'brel*), which is linked to the Buddhist notion of the twelve links of dependent origination (Skt. *pratīyasamutpāda*) through which past actions influence present and future conditions. Buddhist simultaneous acceptance of both forms of medical or astrological determinism alongside the possibility of humans to alter this given state through positive actions might be one possible explanation of the ongoing coexistence between medicine and astrology in Tibetan cultures and Tibetan people's lives.

Hence in the context of Tibetan medical divinations, predictions are not considered to be deterministic but cautionary and prescriptive.⁸² If the outcome is auspicious, no action needs to be taken. If, however, the outcome is negative, cautionary steps are to be taken in order to alter the prediction. Perhaps then one way of viewing what Tibetan medical divination is all about is grasping it as a form of preventive medicine.

Vignette 1

A day at the Astrology Department of the Men-Tsee-Khang in Dharamsala, India

Inger K. Vasstveit

For many Tibetans it has been, and still is, common to seek advice from astrologers on matters of concern in their daily lives. In Dharamsala, seat of the Tibetan exile government in North India, they often do so by coming to the Men-Tsee-Khang, the Medicine and Astrology Institute, which, in addition to Tibetan medical training, practice, and pharmaceutical production, has its own astrology department. There Tibetans seek advice relating to birth, marriage, death, and in order to secure economic prosperity or protect themselves against negative outside influences. As we shall see, most of the concerns raised with the Men-Tsee-Khang’s astrologers are related to health, in a broad sense of the word. The emphasis is on practices to prevent sickness and remove obstacles.

At the Men-Tsee-Khang¹

First thing every morning, for about ten minutes, prayers to the Buddha are reverberating at the astrology department, indicating the importance of Buddhist practice in Tibetan astrology. Both medicine and astrology are perceived by Tibetans to have been taught by Buddha Śākyamuni, and the links between medicine and astrology have historically been close. Soon after the Men-Tsee-Khang was established in the 1960s, astrology and medicine were taught in a single course and only later split into two separate five-year courses.² Compared to the medicine course, the astrology course has fewer students today. This might be explained by few Tibetans being aware of the possibility to study astrology and that being an astrologer offers fewer economic opportunities than

being a Tibetan medical doctor, whose skills are increasingly in demand in Europe and the United States. Yet astrology continues to play an important role in Tibetan communities.

In February 2012, when I had just begun my year of doctoral fieldwork, there were twelve astrologers — five women and seven men — working at the astrology department. There were also two women administrators, one taking care of people’s orders, the other helping to make amulets. They all shared two rooms on the first floor of the main building at the Men-Tsee-Khang.³

The rooms were sparsely decorated, with only a *thangka* depicting astrological symbols, a white, single-page calendar produced by the department, and a wall clock with a picture of the Tibetan national flag. On the odd occasion,



V1.1 An Amulet in the Making. Astrology Department of the Men-Tsee-Khang, Dharamsala, Himachal Pradesh, India

one of the many street dogs found an undisturbed resting space under a desk. The astrologers were all busy with calculations of people's horoscopes or other requested jobs, working most of the time on their computers. A few of the astrologers had been working at the department since the end of the 1980s, whereas most of the junior astrologers had completed their training only a few years back. All Men-Tsee-Khang astrologers have undergone a rigorous five-year study program.⁴ This is in contrast to other Tibetan astrological practitioners — lay-people or Buddhist lamas — who receive their knowledge through oral transmission from their masters, or through self-study. In Dharamsala there are also astrologers who are neither formally educated nor working at Men-Tsee-Khang and from whom people seek advice.

Most of the Men-Tsee-Khang astrologers are not part of any astrological family lineages and give manifold reasons for their choice of career. Some become astrologers on the advice or inspiration of relatives; some want to help preserve and continue what they see as an important part of Tibetan culture; some see astrology as a meaningful contribution to the health of the community; and for others an astrological education offers a valuable economic opportunity in what is otherwise a somewhat limited job market for Tibetans. What is worth noting here is that these motivations indicate that astrologers do not hold any extraordinary position within the Tibetan community, nor do they belong to a socially distinct group of people. As we will see, they have expertise that is valued among Tibetans and that plays an important part in the concerns for health and well-being. In chapter 5, Ronit Yoeli-Tlalim suggests that Tibetan astrology can be best understood as a form of “preventive medicine” (p. 104). This argument will be strengthened here.

The Expertise on Finding a Good Day

On a cold winter day at the end of February an elderly Tibetan monk came into the astrologers' office. While the elderly monk received a cup of sweet milk tea, two younger monks accompanying him said they had come to find

a good day for the senior monk to move house. The receptionist called one of the astrologers, who asked for the monk's date of birth and age. Since most older Tibetans do not know the exact date of their birth, their year of birth is usually all the astrologer has to work with. This is recalled easily due to the element and animal sign of that year. The astrologer went to her desk and five minutes later came back with a list of dates when moving house was advisable for the monk. While he was searching for money to pay, the receptionist waved her hand as a sign of not wanting to accept it from a man who is respected both for his age as well as being an ordained monk.

In my research I have found it is important to many Tibetans to know favorable days and times related to moving house, beginning a journey, starting a new business, or for finding an auspicious date for a ceremony such as a wedding or home-based ritual. “To get the best possible start, you know,” I was often told. Therefore, the astrologers' main work is to carry out calculations for auspicious dates based on such requests.

Although Tibetans are the vast majority of the institute's customers, Indians, Westerners, and Buddhists from all over Asia also make use of the Men-Tsee-Khang astrology department. There is even the possibility to arrange for astrological consultations with the Men-Tsee-Khang through the Internet, which I was told was particularly popular among Westerners. This might be read as another case of worldwide interest in Asian medicines and related practices⁵ (see also chapters 6 and 12). In the case of Tibetan astrology, and in contrast to Tibetan medical practitioners, Men-Tsee-Khang astrology practitioners visiting non-Tibetan customers outside of the Himalayan region have yet to succeed as an in-demand practice. New opportunities offered by the Internet, however, are helping to increase the demand of Men-Tsee-Khang astrological services to non-Tibetans.

Much of Tibetan medical and astrological knowledge has developed based on culturally, scientifically, and locally embedded ideas and practices in relation to the quality of time, for instance, as expressed in seasonal rhythms

of the pulse, characteristics of the *nyepa* at different times of day, month or year, and the movement of *la* (see FIGS. 4.6 and FIG. 5.2).⁶ For much of the information needed in medical and astrological calculations, the *lotha* (*lo tho*), or annual almanac, which is produced at the Men-Tsee-Khang, is a key tool (see FIG. 1.9). Such almanacs have replaced the larger astrological scrolls that were used in the past. Modern almanacs are published by the astrology department every year and are sold widely to specialists and the general public. The latter tend to hang them as protective devices, which are placed to keep out harm of social and natural kinds, even including earthquakes and gossip. Because of a *lotha*'s complicated content, the astrology department now also produces, as a substitute, a pocket calendar that describes good and bad days for certain activities, full moon days, and so on. This is very popular among Tibetans — “we all keep this calendar in our home,” a young Tibetan girl told me. How often it was actually consulted varied. Nevertheless, to stay healthy and keep well, the vast domain of protection is an important feature in everyday life for many Tibetans.⁷

Making Amulets

Based on astrological knowledge and various calculations, the astrology department produces amulets, or *sungkhor* (*srung 'khor*), which are also produced and available in certain monasteries. The amulets made at the astrology department are also referred to as the “yellow wheel of Mañjuśrī” (*'jam dpal dbyangs ser 'khor*), and are thought to grant protection through a combination of astrological calculations and the power of Buddhist mantras, or sacred spells (FIG. V1.1). These mantras are often related to the rituals and worship of Mañjuśrī, the Buddha of Transcendental Wisdom, who is believed by Tibetans to have taught elemental astrology, or *chungtsi* (*chung tsi*).⁸ In the preceding chapter Yoeli-Tlalim has provided an overview of Tibetan astrology, showing that elemental astrology is one of its main components.

To make an amulet, the head of the department first carries out the relevant calculations



V1.2 Golden Turtle Print for Inside an Amulet



V1.3 Poster of a Tibetan Protection Painting, or *Sipaho*. Such posters are often placed on doors of Tibetan homes to protect families from negative influences.

based on the year of birth of the person who will wear the amulet and chooses the mantras based on the person's needs. Then the assistant, who does not have in-depth astrological training, will fold the amulets in specific and elaborate ways based on the department head's instructions.

The most important aspect of protection offered by amulets is to locate and promote forces that will control negative and promote positive influences. Such protective forces include yellow paper with the depiction of a turtle, which is considered a manifestation of Mañjuśrī. The turtle played an important role in Indian cosmological myths and remains a common feature in Tibetan folk religion. Printed on paper, the turtle is depicted lying on its back while on the turtle's front there are astrological enumerations, including the *mewa*, or nine numeric squares; *parkha*, the eight trigrams; and *lotak chunyi*, the twelve animal signs (also translated as twelve year signs), as well as different Buddhist mantras and symbols (FIG. V1.2).

In addition, a blessed powder, which consists of pieces of clothing previously worn by the Dalai Lama and ground precious pills, is affixed on the paper's backside. For further protection, the amulets are carefully woven into threads in five colors. Each color as well as the order of the colors relate to the astrological five elements and their relationship, so, in a general amulet, the yellow string is applied first, relating to the element of earth, then the green relating to the element of wood, then the white relating to the element of iron, then the red relating to the element of fire, and the blue relating to the element of water. Finally the amulet is put in a cloth bag, the color of which should relate to the client's date of birth.⁹

The prescription of such amulets is one of the most visible and most popular means for individual protection against unforeseen obstacles such as accidents, bad luck, and evil spirits but also in advance of an obstacle-year, *lokag* (*lo skag*), that Tibetans believe occurs every twelve years throughout a human life.

During such years, people are more prone to fall ill and/or experience accidents. To avoid these one should wear special amulets.

As protection for whole families and their houses, there are also paintings of protection, the so-called *sipaho* (*tsrid pa ho*), which show Buddhist mantras and protective symbols. These paintings are nowadays sold at the Men-Tsee-Khang (FIG. V1.3). (For historical and artistically elaborate examples of these kinds of paintings, see FIGS. 5.7, 5.10, and V1.4.) These have commonly been placed on front doors of houses to ward off evil influences and to promote prosperity. In relation to ritual practices, Tibetan houses have been suggested to work as a "fulcrum of 'popular' health care,"¹⁰ and more widely as a source of divine protection of health, wealth, and happiness for their inhabitants.¹¹ In Tibetan communities protective paintings are often displayed on notable occasions such as weddings and funerals. For Tibetans, astrology, protection, and health are therefore not just related to individuals but also

to the well-being of “Houses,”¹² families, and communities.

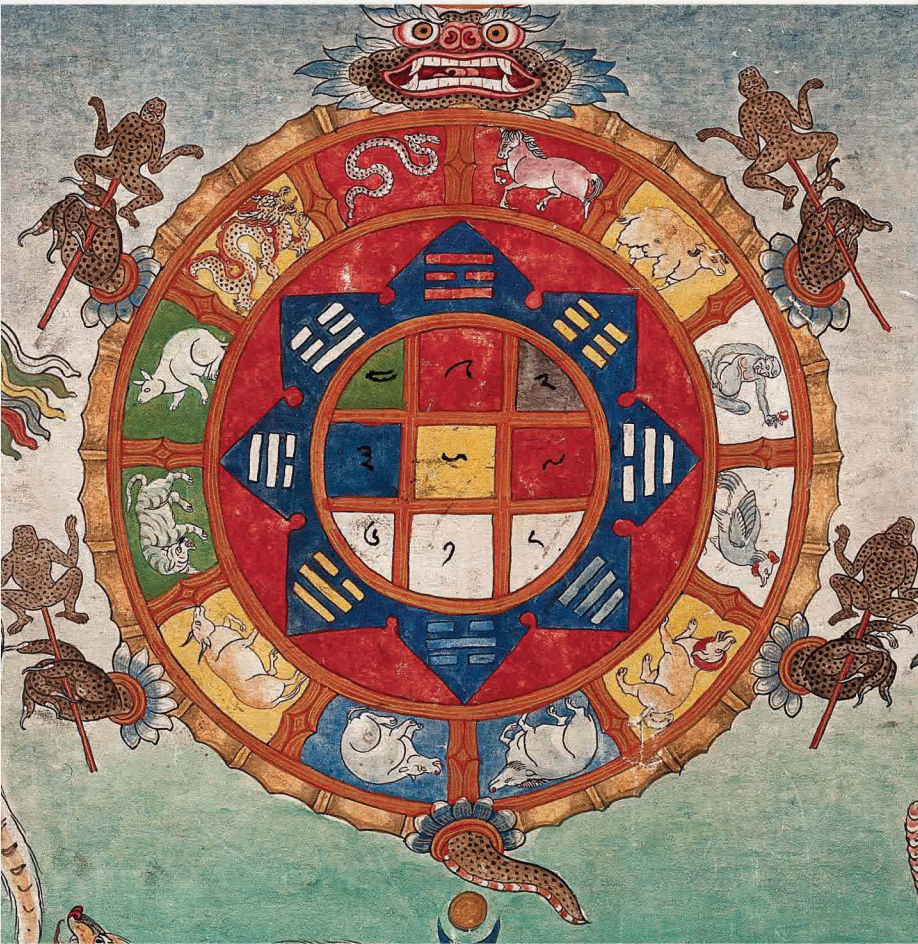
Obstacles and Their Ritual Remedies

Advice that is requested from astrologers spans from the time of birth to the time of death. Many people visit the astrology department in relation to a person’s death. For example, a woman came into the department one day I was there and wanted a “death chart,” or *shintsi* (*gshin rtsi*), for a relative in his twenties who had just died in a car accident in Tibet. She had all the details about the time of death, his animal sign, and even his relatives’ animal signs and was now wanting to consult the Men-Tsee-Khang astrologers in Dharamsala in order to get the deceased’s death chart, where all the details about the funeral rites would be described.

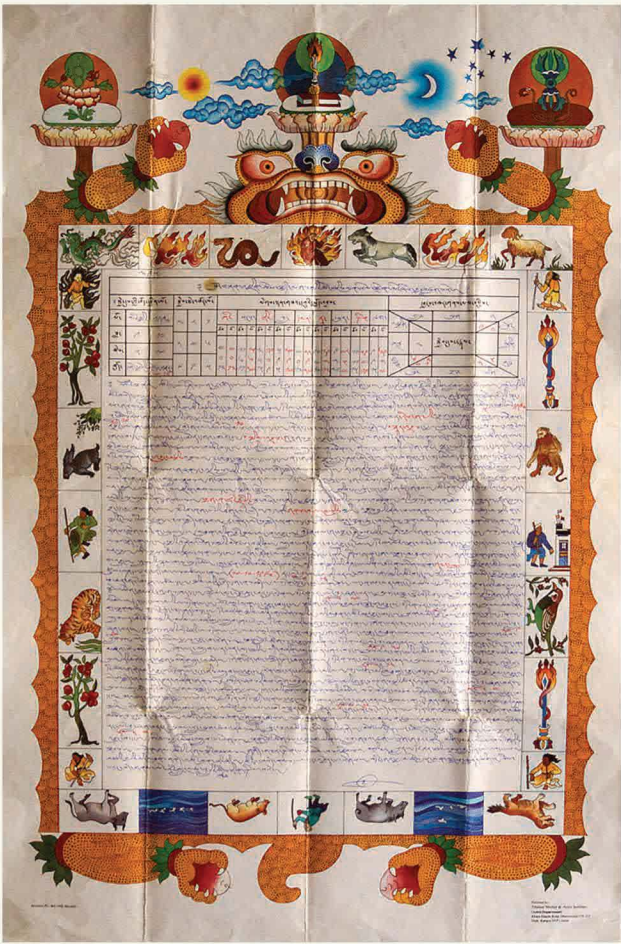
She would later inform her relatives in Tibet, the place where the young man had lived and died, with astrological instructions related to his funeral rites, which were to be held in Tibet. Among Tibetans, the Men-Tsee-Khang in Dharamsala has a good reputation, and, therefore, some Tibetans would rather consult the Men-Tsee-Khang astrologers in Dharamsala than the astrologers in their local community. Furthermore, while death is, obviously, a crucial phase for the deceased, during this phase it is also important to take care of the health of the surviving family. A *shintsi* chart gives instructions that take care of both the deceased and the surviving family.

In a Buddhist worldview, when someone dies, it is not seen as an absolute end, and the moment of death and the following forty-nine

days are considered of crucial importance. At the astrology department a *shintsi* chart is provided, based on the time and date of death, the deceased’s animal sign as well as the close family members’ animal signs. It gives details about the funeral rites with the aim to help the deceased to find a desirable rebirth. If the correct prayers and rituals are not performed, a person might not find a good rebirth or, in the worst scenario, even turn into an evil spirit, *dondre* (*gdon dre*; a general term for spirits that can inflict harm in any way), who might cause trouble, for instance, to the deceased’s family. The death of a family member is also believed to bring about a vulnerable period of time for the remaining family. Therefore, another aim of a *shintsi* chart is to take care of the health and long life of the deceased’s family, for whom



V1.4 Detail from Fig. 5.7. A Protection Painting, or *Sipaho*, with the Main Elements of Tibetan Divination on the Belly of a Turtle-like Creature (detail: belly of turtle in center).



V1.5 Birth Horoscope Made for a Child at the Request of her Family. Astrology Department, Dharamsala Men-Tsee-Khang, Himachal Pradesh, India

specific prayers mentioned in the *shintsi* chart are to be said. In addition, the *shintsi* chart would include details on, for instance, who in the family (based on their animal signs) can or cannot see or handle the corpse and to whom or which object the mind of the deceased is particularly attached, therefore enabling thoughts and deeds that would help their detachment.

Many people also request life horoscopes, or *tserab letsi* (*tse rabs les rtsi*), that cover the entire life span of a person, and sometimes also past and future lives (FIG. V1.5). It is popular, especially among parents, to order a horoscope for their children, and the literature shows that horoscopes might play an important role in big decisions in a child's life, such as educational choices.¹³ I asked Tibetans who ordered horoscopes for their children if they were not afraid to know the child's life span. In return I was told that more important than knowing the actual life span was finding out about dangerous phases in the lives of their children or of relatives. Also, predictions tend not to be considered deterministic but instead cautionary and prescriptive. Therefore, astrologers find out about potentially dangerous phases in life, and they prescribe ritual remedies.

Ritual remedies are an extremely important part of the services the astrologers at the Men-Tsee-Khang provide. The remedies, antidotes, and advice provided are — more often than not — related to religious practices, such as reciting prayers, buying Buddhist *thangkas* or statues for home altars, or saving animal lives,

by buying them from butchers and setting them free, or keeping and caring for them until the end of their lives. The use and wearing of personal colors related to the animal signs might also be advised.

While death charts and life horoscopes are important and popular services ordered from the astrology department, so are predictions related to marriage. When I interviewed an elderly astrologer about marriage calculations,¹⁴ he told me about a change in the use of astrology related to marriage: "In former times when we calculated a marriage chart for a couple-to-be they did not see each other in advance, and the astrologer would predict if there was a match or not. Today people live together before they get married and then they see the astrologer when they get in economic troubles or face other problems. They should have seen us in advance of the marriage!" We laughed, and he continued, "But still, also after the wedding, astrologers can help married couples by giving advice on rituals to be performed, prescribe amulets, and so on," and then he directly looked at me and asked: "In the West you divorce quickly and do not see astrologer, right?" It made me think that astrologers might have their uses in my hometown as well.

* * *

Contemporary Tibetan medical practices are almost always embedded in a medically pluralistic context that also includes biomedical diag-

noses and treatment, ritual healing, and might involve diviners, astrologers, and high lamas, who not least suggest ritual means and the wearing and ingestion of blessed substances.¹⁵ Seeking an astrologer's advice is often seen to be an important aspect in a patient's journey from being sick to being well. When medical treatment does not offer improvements, astrologers can be consulted so that the causes of illness might be detected or in order to find out about and suggest other remedies and treatments. Moreover, an astrologer might also be consulted to find the right timing for surgery. In the case of taking the highly valued Tibetan precious pills, often the elderly will consult astrologers to find out a beneficial date and time to start taking them. More than that, as has been shown here, the work of the astrologers at the Men-Tsee-Khang is in demand in relation to important phases of lives. There are many acts in Tibetans' lives resulting from interactions with astrologers, whose professional domain is hence intertwined with everyday activities of people in relation to health and well-being of the individual, family, and community. Therefore, health in Tibetan communities should be defined not only within the realms of professional Tibetan medical or biomedical ideas and practices, but more emphasis should be placed on practices that fall under the broad area of preventive care.

Chapter 6

Tibetan Medicine in the World: Local Scenes, Global Transformations

Sienna R. Craig



Introduction

Consider these scenarios:

A grandmother in Lhasa and her sister in Dharamsala spend time at *losar*, Tibetan New Year, wrapping up precious pills (*rinchen rilbu*) and ritually consecrated blessings, some also in the form of pills, to send to their grandchildren now living in New York or Toronto. Meanwhile, a rural Tibetan living in Qinghai Province, China, has been diagnosed with a bile-related disorder by a local practitioner of Tibetan medicine (*menpa*) and is given a month of medicine in exchange for a gift of alcohol, several loaves of bread, and fifty renminbi wrapped up in an offering scarf. Even so, before he leaves the township center, he visits the local biomedical clinic where he is hooked up to an antibiotic IV drip, a treatment modality that seems to offer an expedient solution to suffering — and an infusion of modernity.

Hundreds of miles south and west of Qinghai, a rural Nepali *amchi* — as practitioners of Sowa Rigpa are known here — endears himself to a tourist who has come seeking the novelty of a pulse diagnosis by an authentic Himalayan healer. A quiet space of intercultural communication opens up between them as the *amchi* reaches for the tourist's right then left hand. The visitor looks up at an image of an alluring azure figure, somehow the epitome of repose. The *amchi* notices. "Medicine Buddha," he says in English, his hand cupped upward and outstretched, gesturing toward the *thangka* painting tacked up to a mud-brick wall. "Most beauty important teacher for Tibetan doctor." The foreigner smiles. The *amchi* suggests a few changes in diet and gives the visitor some pills "to make calming at the sleep time." By the end of this exchange, which includes a payment of 500 rupees for which the visitor receives a receipt, the tourist has been introduced to the needs of this doctor and his cohort of apprentices. He takes a brochure written in poetic yet imperfect English and considers sponsoring one of the younger students at this remote school for Tibetan medicine.

Tired of her constant struggle to manage both her high blood pressure and her asthma and to weather the side effects of her physician-prescribed pharma, an American woman surfs the Internet for alternative solutions. She begins with "asthma," typing in this word along with the terms "herbs" and "Asia," for she, like many other people worldwide, has come to associate the field of Complementary and Alternative Medicine (CAM) with Asian modes of healing. This produces a long list of results, many of which involve trips to an acupuncturist. She then remembers a film she once saw about the healing traditions of Tibet, so she changes her search terms to "asthma," "herbs," and "Tibet." This produces a shorter list, and at the top is

a product called Asthma Support Combo, on offer through www.tibetanherbs.com. Although she does not mind that the pills are not US Food and Drug Administration approved, she is somehow reassured by the website's acknowledgment that "156 different types of organic herbal plants grow naturally each season." How could she know that a dual shift toward market-based health care and the consumption of Tibetan culture is shaping the fate of the Himalayan poppy, sandalwood, and aconite in a world of ecological constraint, even as it influences cosmopolitan desires for "natural" products in the quest for well-being? She peruses the list of supplements and the patient testimonials before placing both the allergy product and a product called Blood Pressure Support in her virtual shopping cart, one secure online transaction away from her first experience with Tibetan medicine.

Each of these scenarios helps to illustrate the "worlding" of Tibetan medicine.¹ Dr. Pasang's insight in chapter 4 that external therapies open up new possibilities for global Tibetan medicine is a further example of such a process. We have seen in Theresia Hofer's discussion in chapter 3 of Tibetan medicine's penetration into the realm of European pharmacy as well as Martin Saxer's discussion in chapter 12 of how Tibetan medicine is adapting to new scientific, geographic, religious, and socio-political contexts, other examples of such efforts to recontextualize Tibetan medicine. Even so, Sowa Rigpa remains grounded in specific places and rooted to distinct social ecologies.

One might ask what preserving Tibetan culture has to do with these processes of change, adaptation, and recontextualization. There is no question that Sowa Rigpa remains an iconic manifestation of Tibetanness, that it contributes to a sense of Tibetan identity.² As we learn in the chapters 2, 9, and 10 by Geoffrey Samuel, Frances Garrett, and Janet Gyatso, respectively, Tibetan medicine remains deeply intertwined with Tibetan Buddhist ideals, images, and practices. And yet efforts to defend the borders that would define Tibetan medicine as primordially traditional, uniquely Buddhist, or solely Tibetan are at once crucial and problematic.³ When practitioners, patients, and even entrepreneurs describe the importance of Sowa Rigpa, they often link it to the maintenance of cultural identities. Yet this diverse assemblage of methods and skillful means to address human suffering remains a pragmatic and dynamic orientation to the world that reflects specific concerns, possibilities, and channels through which change occurs — in bodies, within communities, and on this Earth.

The five scenes to follow are representations of Tibetan medicine in the world.⁴ Partial and imperfect, these stories render lived experience in specific places, around particular

Medicines From The Plains (II) from Jampal Dorje's *Beautiful Marvelous Eye Ornament*, Mongolia; 19th century. Part II, folio 19 *recto* & 19 *verso*. Reprinted in *Satapitaka Series* (Vol. 82), New Delhi, International Academy of Indian Culture, 1971. Tibetan Buddhist Resource Center. W30452

dynamics. I have selected this ethnographic material from more than a decade of research in Nepal, China, and the United States. In this publication, I have privileged ethnography that exemplifies flows of knowledge, resources, medicines, and practitioners from the Himalayan region and Tibet to North America. I hope these vignettes will provide those who peruse this publication, it is hoped in tandem with a visit to this groundbreaking Rubin Museum exhibition, with a sense of how Tibetan medicine acts in, on, and through the social worlds of which it is a part.

SCENE 1: THERAPY

In which a Tibetan doctor in Kathmandu provides diagnosis and treatment for modernity's ills

Tenzin Dargye's clinic is located across from the Swayambhunath temple on the northern edge of Kathmandu. On a winter day in 2007, we meet at the base of the temple and I follow him across the ring road.

"This way," he says, guiding me by the arm. "My clinic is very convenient. Many local people from Mustang come. Others, like Nepalis, Sherpas, Tibetans, are also coming." I note the way my colleague parses belonging: "locals" are from Mustang — the place where this doctor was born — even though we are in Kathmandu; "others" include lowland Nepalis, various high-mountain ethnic groups, and Tibetan refugees.

Dargye is in his mid-thirties. He was born in a village east of Monthang, the walled capital of the ancient kingdom of Lo in Mustang District, bordering China's Tibet Autonomous Region (TAR). After attending government primary school, he studied with a senior *amchi* in Monthang. When this teacher died, Dargye continued his apprenticeship under the tutelage of the teacher's sons. Dargye came to Kathmandu in the early 2000s and began working for another senior *amchi* originally from Nubri (Gorkha District) who operates a small medical factory and clinic in the capital. At first, Dargye was allowed only to assist the senior *amchi*, but after two years he opened a satellite clinic in Kirtipur, the town on the Kathmandu Valley rim where Tribhuvan University is located. There his patients were primarily local villagers and university students. Dargye developed a reputation for treating women's disorders (*mo nad*), including menstrual irregularities and infertility. After several years, he struck out on his own. Dargye does not hold a formal medical license, but his small clinic is registered as a private-limited pharmacy. Like many such health-care outlets in Nepal, his operates on reputation, in the flexible legal spaces of a politically turbulent nation-state.

In a short time Dargye's practice has transitioned from a rural, community-based endeavor to an urban business. He goes to an office each day, dons his white coat, and treats patients. In his second-floor clinic, his blood-pressure cuff and stethoscope rest beside the pillow on which he places patients' hands during pulse-taking. His human anatomy chart hangs beside a *thangka* of the Medicine Buddha. A copy of *Where There Is No Doctor* is shelved alongside a reprint of the *Gyushi*, or *Four Tantras*, and several other Tibetan medical texts.

These external indices of professionalization are connected not only to geography, indicating a shift from rural to urban environs, but also to ideas about development, modernity, and what a medical practice should look like. The notion that health care should occur in a clinic has become salient among contemporary *amchi* and their patients. This reality is differently configured in Tibetan areas of China, where governmental intervention in people's lives and state support for Tibetan medicine penetrate more deeply into the countryside than they do in Nepal, and where ideas of medical professionalization, modernization, and forms of traditional practice cannot be decoupled from the historical reach of a strong state. Yet in both contexts, private and hybrid spaces of healing proliferate. In Nepal these practices tend not to be connected with government health care, though they are sometimes supported by NGOs. In Chinese settings such clinics are sometimes established by Tibetan medical practitioners who have retired from their posts as government health workers.⁵

On this Saturday morning the clinic is busy. All but one bed in one of the treatment rooms are occupied, mostly with elderly patients hooked up to IVs.

"What injections do you give them?" I ask Dargye, who has received no formal biomedical training.

"Vitamins, mostly. B complex and C," he answers. "Sometimes glucose or antibiotics. It helps patients to be strong." Although the everyday consumption of intravenous medicines is less common in Nepal than in China, the sense that this form of medicine produces a quick and powerful positive effect is pervasive here, as elsewhere.⁶

The pharmacy is stocked with vitamins, biomedical pharmaceuticals, Chinese herbal formulations, and Tibetan medicines produced in Dharamsala, Lhasa, and here in Kathmandu. Dargye relies on ready-made formulas. He no longer has the time to produce his own medicines, although he spent many a day gathering herbs, drying, pulverizing, and mixing plants and fashioning handmade pills during his apprenticeship in Mustang.

The second treatment room contains a desk at which a Nepali doctor sits, writing a prescription. Kuman, Dargye's associate, is from Dhading District. He studied in Lhasa, but in a Traditional Chinese Medicine (TCM) program, and then later, informally, with a Tibetan doctor. He is fluent in Tibetan and Chinese. "Mostly I serve as the pharmacist," Kuman explains. "I write prescriptions. But I also give acupuncture treatments and IV drips."

As Kuman and I talk, one of the patients in this room interjects, "This is a very good place to come for medicine. Not so much waiting or unpleasant sounds and smells like at the big hospitals, and the price is good too! It is like a *supermarket*," he says, using the English word, "where we can get all we need. Tibetan medicine, Western medicine, even Chinese needles to make the pain better. And the doctors take care. They practice with compassion [*nyingje*]. They speak our language. We have trust in Dargye because we come from Mustang. But look around. There are all sorts of people here." This patient discovered Dargye after relatives of his living in New York — home to a burgeoning population of Mustangi-Americans — told him about this Kathmandu clinic. With this revelation I am reminded that networks of knowledge and action are often more translocal than transnational.

This boisterous older man values the diversity of treatments available at Dargye's clinic. A certain degree of integrative practice appeals to him, and to other patients with whom I speak; issues of formal qualifications or even sophisticated laboratory testing remain secondary, if they are mentioned at all. Equally important are considerations of cost. This clinic's prices for Tibetan medicines are in keeping with other Kathmandu clinics; IV infusions and pharmaceuticals are comparable to what one would pay at a pharmacy but less expensive than at a hospital; the consultation fee is nominal, at 10 rupees (13 cents) per visit. Also significant is the manner in which medicines are administered. Based on my observations at the clinic, Dargye and Kuman spend, on average, seven to eight minutes with each patient in a setting that can hardly be called private.⁷ Stereotypes about traditional practitioners giving patients more time or attention than biomedical doctors often do not match empirical reality.⁸ Yet themes of trust and shared language are consistent across my interviews with patients in clinic settings in Nepal and in China. People like to be treated by practitioners with whom they can directly communicate. Given the ethnic makeup of urban hospitals in Tibetan areas of China and in Nepal, this is not always possible. And so, clinics like this one fill a very important niche. Beyond language, the way advice about diet and behavior is given makes a difference. Dargye tells patients not to worry, not to eat too much chili, but also to go

on pilgrimage, to recite *mantra*, and not to engage in immoral behavior. He rarely links the causes and conditions of an illness directly to nefarious spirits, but he sometimes suggests that a patient seek religious teachings or have rituals performed as part of the healing process.

Dargye reads the pulse and then takes the blood pressure of a young Nepali woman, a returning patient. Her previous *beken* (phlegm) disorder has resolved, but she is left with a *tripa* (bile) imbalance. Dargye asks her how many days of medicine she wants and records this information on the carbon-copy pad, providing her with a record of this transaction. She adds this sheet to a stack of other records, some from this clinic, others from biomedical and Ayurvedic practitioners.

I ask Dargye about the most common ailments he treats. "Many stomach problems — *gyastric* and ulcers — but also *tsa* disorders, the things you call nerves problems, along with arthritis, high blood pressure." The practitioner's answer reveals a practical and epistemological fluidity at work in this space of healing. When I ask Dargye how he understands the relationship between biomedical and Tibetan medical diagnosis, he says, "Sometimes you can miss problems when only looking from the perspective of one system. If you use tools from both systems, then you can know with more certainty what is wrong, and also how best to treat it." Perhaps, I think, but this elides a certain crucial and taken-for-granted translation that occurs when a blood-pressure cuff reading signifies a *beken* disorder, or an illness of the *tsa* is at once equated to a neurological disease and attributed to a disturbance of the *sa*, earth spirits. In other instances, points of conflict can arise over how to read a set of test results, sometimes creating difficult choices for doctors and patients when it comes to deciding on a prognosis or a therapy.⁹

Dargye treats between fifteen and twenty-five patients a day; on busy Saturdays he can see as many as forty. The *amchi* seems grateful for his expanding practice and says he is happy in Kathmandu. "I help more patients here than I would in Mustang, especially more *rongba* [lowland Nepalis]. This is good for their health and my livelihood. It also brings benefit for Tibetan medicine. More people who come here end up believing [*yije*] in Tibetan medicine, having faith [*depa*]. Many come to me when they are frustrated with *gyamen* [meaning biomedicine] or if the Nepali doctors tell them their case has no hope."

Given the diversity of medicines and therapeutic practices at play within these walls, Dargye's insistence that this is a Tibetan medical space is significant. So is the sense that this clinic can produce hope and, in some cases, positive outcomes for disorders that have been deemed incurable by biomedicine. Here language is crucial. The question of what

to call biomedicine in Tibetan is complex. Terms vary,¹⁰ but *gyamen* (*rgya sman*) remains the most consistent signifier, in my experience. *Men* (*sman*) refers to a medicine, drug, or therapy. *Gya* is more multivalent. It means “extent, broad, and vast,” but when coupled with the qualifiers “white” (*skar po*) and “black” (*nag po*) it denotes India and China, respectively. It signifies law and order and can also indicate urban or politically significant places. So the thing we might call “conventional biomedicine” means, in the Tibetan term *gyamen*, a medical system linked to power and authority, to urban centers, and to highly influential neighboring civilizations. *Yije* (*gid ches*), in turn, is a type of mental engagement that assumes belief that is not blind but rather well considered, apprehended through focused attention, meditation. *Depa* (*dad pa*) is one of the virtuous mental factors in Buddhism (*sems byung brgyad*, Skt. *kusalacitta*), but it also connotes serenity and trust, confidence and faithful acceptance. When I think about the deeper meanings of Dargye’s comments, I come to understand that, far from clinging to miracles or superstitions, many of his patients visit this clinic not only after careful consideration of cost and convenience but also with a keen experiential grasp of the limits of biomedicine and the ways it is enmeshed in particular relations of power, both social and economic.

SCENE 2: TRANSITION

In which Tibetans living in the United States describe connections to Tibetan medicine(s)

Imagine the transitions: You are born in a yak-hair tent in 1965, somewhere in the high pastures of Amdo, a Tibetan nomad and a Chinese citizen, by turns. You attend middle school and eventually become a monk at Kumbum, one of the preeminent Tibetan Buddhist monasteries and the birthplace of Je Tsongkapa, founder of the Gelugpa School. During an era of Chinese state violence against Tibetans and crackdowns on monastic life, you flee to India. It is now 1988. After more than a decade in Dharamsala, you chance immigration to the United States, where you settle in the college town of Charlottesville, a place with a Tibetan community and home to the University of Virginia (UVA), a preeminent site for the study of Tibet. Prayer flags flutter from Jeffersonian verandas. You move through service-sector jobs while teaching language classes to UVA students. You make some kind of peace, some kind of home.

You have relatives back in Amdo and also in Dharamsala. Sometimes as gift, sometimes for your *tripa* disorder, they send you Tibetan medicines. You keep a stash of precious pills in your household shrine. You take them when you feel

compelled by a combination of nostalgia, homesickness, and religious impulse, if not when you are actually ill. If faced with an emergency health issue, you head to the Martha Jefferson Hospital. Now that you work full time for the university, you have health insurance. For the uninsured years, you managed not to get sick.

This character sketch emerges from a series of open-ended interviews (15) a research assistant and I conducted in 2011 with members of Charlottesville’s Tibetan community and shorter supplementary interviews (20) with Tibetans gathered during the July 2011 Kalachakra initiation held in Washington DC, over which His Holiness the 14th Dalai Lama presided. These interviews began with demographics and proceeded with questions about when interviewees first experienced Tibetan medicine, if they use it now and, if so, why and to what effect. We asked how interviewees conceptualize the relationship between Tibetan medicine and biomedicine.¹¹ We also queried interviewees about the commodification of Tibetan medicines and scientific research being conducted on Tibetan formulas. An analysis of these interviews reveals some of the ways Tibetan medicine is conceived by Tibetans living in the United States as well as how it can provide a visceral connection not only to something as broad as culture but also to particular people, places, and ways of being that, in other senses, one has left behind. These data are meant to be illustrative of certain patterns of health-seeking behaviors and connections to Tibetan medicine; they are by no means exhaustive.

I focus here on the responses from Charlottesville Tibetans. Ten of the fifteen interviewees were men. The interviewees ranged in age from 23 to 54. While all identified as Tibetan, one was born in Ladakh and another in Sikkim. Of those born in Tibet, the majority came into exile in India between the mid-1980s and mid-1990s. Only one was a recent arrival, having left Tibet in 2009. Most arrived in the United States from the late 1990s through 2010. These individuals hailed from diverse regions of the Tibetan Plateau, especially Amdo and U-Tsang. Several of the men were, or had been, monks; one of the women had raised a family but had later taken the vows of a nun. Of those who were married, most partnered with another Tibetan but two married Americans. Levels of education varied — from only a few years of primary schooling to the completion of advanced monastic or secular degrees, in India and the United States. Two had studied some Tibetan medicine during their monastic education. Ten of the fifteen respondents had health insurance, most of them through their employment at UVA, but their premiums varied from as little as \$40/month (a single male working for the university)

6.1 Tibetans from China now living in the United States recall having access to Tibetan medicine from facilities such as this township clinic. Medrogonkar County, Tibet Autonomous Region, China

to as much as \$1200/month (a married woman citing the cost of private insurance for her entire family).

Despite the diversity in life experience represented by this cohort, all respondents had used Tibetan medicine and twelve of the fifteen said they continued to use it (FIG. 6.1). The range of disorders for which they sought Tibetan medicines varied but included many cases of stomach disorders as well as blood or phlegm-related problems. Some used Tibetan medicines in conjunction with biomedicines for problems of the kidney, liver, and gall bladder.

Only four of the interviewees mentioned knowing a Tibetan doctor in the United States. Since several well-known Tibetan physicians visit Charlottesville on occasion, many interviewees noted having their pulses read by these elite *amchi*; sometimes these healers would bring medicines with them or mail patients prescriptions when they returned to India or China. One interviewee mentioned the possibility of buying Dharmasala Men-Tsee-Khang medicines online, but most individuals relied on their relatives to send medicines from India, Nepal, or China. In turn, when they traveled to Asia for family visits, many returned to the United States with Tibetan medicines in their suitcases. Some would send medicines from India to Tibetan areas of China; others did the reverse. This response from a 48-year-old male who spent his early years as a herder in Chamdo provides a compelling example of these dynamics:

I never got sick in Tibet.... I first took Tibetan medicines in India for my kidney problems. I took the medicine for five years. My medicines were from Men-Tsee-Khang [in Dharamsala]. The doctor I visited was really famous and he traveled widely abroad. Since my arrival in the US, I take Tibetan medicines for my kidney problems occasionally.... My wife mailed me Tibetan medicines a few times, which was a little expensive by post, but my health problem was the priority. We didn't care about the cost.... For me it is difficult to get Tibetan medicines in the States. So I'll have my friends mail me Tibetan medicines if I need them. Although I never took Tibetan medicine in Tibet, I have mailed medicines from Dharamsala to my family in Tibet. My older brother had a stomach problem, so I had Tibetan medicines I brought with me [from India] to the States. I wrapped these Tibetan medicines in clothes. I then mailed them to Tibet from the States.... Each time it was expensive, costing about \$250.... But in this way, the medicines will get through to reach my family.... Most of the time [my family members in Tibet] took medicines made in Tibet but when the condition gets worse, they started taking the medicines I sent to them [from Dharamsala].



This person's experience is typical in some respects, unusual in others. He was the only person who mentioned not taking Tibetan medicines in Tibet, yet his response describes a dynamic I've observed in many other contexts: the sense that medicines from elsewhere are the most potent and valuable, and that medicines sent between family members are a way of caring and feeling connected across major social, political, and geographic divides. Several individuals who spent more of their adult life in Tibet noted that the quality of Tibetan medicines and the skills of physicians in India were worse than at home on the Plateau. One noted, "If I ever need to take Tibetan medicine, I want to buy directly from Tibet because Tibetan medicine from inside [the PRC] are made of plants and other ingredients originally grown in Tibet." Such divergent opinions were common.

While medicines sent back and forth across Tibetan cultural and diasporic worlds included common therapies, twelve of the fifteen interviewees said they took, sent, and were sent precious pills. Of these, five said they took them when they were well, mostly for the spiritual and physical benefits that eating these medicines could confer, particularly if the medicines had been consecrated.

To several of the respondents, taking Tibetan medicine on faith was precisely the point: it conferred blessing as well as

the possibilities for wellness. For an equal number, though, taking Tibetan medicine on faith was a problem. Instead, they wished to have Tibetan medicine's chemical properties and mechanisms for action validated by Western science. One respondent noted that not only should scientific research be used to prove that Tibetan medicines are valuable and efficacious, but also that Tibetan medicines need "good labels with clear explanations of ingredients and function."

When asked about the relationship between Tibetan medicine and biomedicine, ten of the fifteen individuals said that while biomedicine had chemicals and side effects that could harm the body, Tibetan medicine did not, which contributed to its efficacy, safety, and value. In narrating stories of illness for which they used Tibetan medicines, half of the respondents mentioned altering their diet and behavior, in line with advice from a Tibetan physician, in addition to taking medicines. Three individuals cited a lack of trust in biomedicine and narrated stories of noncompliance after visiting biomedical doctors in the United States, opting instead for a Tibetan medical regimen.

Several others spoke of the potency of medicines made by famous Tibetan doctors who practiced privately, whether they lived in India or China. One respondent from Repgong County (Ch. Tongren) in Qinghai Province noted visiting one particular village doctor back home in Qinghai:

The reason I went to [this] village doctor was not because of his book knowledge about Tibetan medicines. He did learn Tibetan medicine from books. But he learned [more] from his experience and the medicines he made were really effective. His village was close to my village and that is also why I went to him. When he gave medicines to the patients, he never wrote the names. He simply put a sign on the packages ... he probably had a [secret tantric instruction] (*Gsang ba bka' rgya ma* or *gdams ngag*) not to reveal the secret names. His medicines were really effective. I say this not because I am Tibetan but because it is a fact [that] Tibetan medicines really help much better than other medicines.

Such responses are in line with ethnographic findings among Tibetans in Nepal, India, and China.¹² Accessing a Tibetan physician on a regular basis remains easier in Asia than it does in America, even though the training of the doctor, the quality of his medicines, and the travel time to reach a practitioner may vary significantly. Ferrying medicines for relatives is a common occurrence, from farming villages on the outskirts of Shigatse to nomad encampments in Golog to refugee settlements in Bylakuppe. Visiting a

Tibetan doctor and then figuring out how, what, and how much to send to a relative living in Charlottesville remains a trickier proposition.

Questions I asked about the commodification of Tibetan medicines prompted a range of responses. Perhaps not surprisingly, when I spoke with Tibetans at the Kalacakra initiation, more people responded that commodification prompted greed and profiteering instead of focusing on bringing benefit to sentient beings and curing sickness. In the day-to-day lives of Charlottesville Tibetans, however, most saw commodification as more positive than negative, or equally good and bad. This commercial industry provided Tibetans with income and a way of making a living in line with cultural practices, language, and social values. However, increasing commercial production they said could "bring down the authenticity" of Tibetan medicines or further deplete scarce medicinal plants. Some felt that commodification — particularly the extension of Tibetan medicines to the US consumer market — would be beneficial but that US government regulations make this difficult. Still others noted that the primary goal of a Tibetan doctor should not be to make money — regardless of context. Citing problems with the quality of factory-made medicines, one interviewee commented, "Old generations of Tibetan doctors don't have many equipments [sic] but they have good hearts."¹³

I contemplate the results of these interviews with the knowledge that the Arura Group, a premier Tibetan medical establishment based in Qinghai Province, China, which I discuss in more detail below, is in the process of building a healing center in Charlottesville. Arura has forged connections with researchers devoted to the study of contemplative sciences, as well as with the UVA School of Nursing, and it is poised to capitalize on growing US consumer interest in Tibetan therapies and alternative pathways to wellness. I wonder what sort of place this center will be. To what extent will it be used as a resource by Charlottesville's Tibetan-Americans? Will the presence of such an institution change the quiet ferrying of pills and powders back and forth from China, India, Nepal? Or are these distinct domains of meaning and experience that only happen to occur in the same place?

SCENE 3: TRANSLATION

In which a Sowa Rigpa curriculum comes to the United States

At the Shang Shung Institute in Conway, Massachusetts, adjacent to the main residence, is a building housing a prayer hall, in which members of this American Buddhist religious community (*sangha*) sit in meditation. On this

day in autumn 2010 I've come to fetch a Tibetan colleague from Qinghai who has spent the past few days as a guest lecturer at the Shang Shung Institute's School of Tibetan Medicine.

First established in Italy in 1989, the Shang Shung International Institute for Tibetan Studies is directed by Chögyal Namkhai Norbu, a senior Tibetan religious adept living and teaching in the West. The Institute expanded to the United States in 1994 and offers a range of programs in Tibetan religion, culture, and history. In 2005 Dr. Phuntsok Wangmo, a long-term associate (and niece) of Namkhai Norbu's who had previously spent time at his center in Italy, established an ancillary Healing Center as part of the Conway-based Buddhist establishment. At this time, the School of Tibetan Medicine enrolled its first class of six full-time students, with Dr. Wangmo as principal instructor. This group graduated in October 2009.

Until quite recently, if one desired to study Tibetan medicine as a Westerner, the possibilities for such an endeavor outside Asia remained severely limited. Just as the scholarly terrain of Tibetan medicine has transformed and expanded dramatically in the past decade,¹⁴ so too have opportunities to study Tibetan medicine in the West. In Asia — from Lhasa to Chamdo, from Ulaanbaator to Leh — we are witnessing increasing efforts to standardize and institutionalize Tibetan medical education, even as non-standardized practitioners remain critical fonts of embodied, local praxis. In select North American and European locations, small institutions and programs have cropped up, usually with one senior culturally Tibetan practitioner at the endeavor's core.¹⁵ Within this trend toward formalized yet still master-disciple-inspired learning, the Shang Shung Institute's School of Tibetan Medicine has been a leader. Shang Shung provides the only full-time, multiyear course in Tibetan medicine offered outside Asia. The curriculum includes studies of the *Four Tantras*, an introduction to classical Tibetan language, and a three-month practicum in collaboration with the Qinghai Tibetan Medical College and Arura's Tibetan Medical Hospital, both in Xining. The school offers a certification program in Tibetan therapeutic massage (*kunye*) — in keeping with trends noted by both Barbara Gerke (chapter 1) and Dr. Pasang (chapter 2) — as well as public talks on topics ranging from Medicine Buddha teachings to dietetics and Tibetan approaches to mental illness. In 2010 Shang Shung began offering a webcast version of the entire four-year course. Arguably, this online curriculum opens up the opportunity for more people to study Tibetan medicine, but it also poses additional challenges to what this study means, how it might be used, and to what ends. For, how

does one learn the intricacies of pulse analysis or the taste of a plant through a webcast?

Dr. Phuntsok Wangmo is a handsome woman with a soft, deliberate voice and strong hands. On this morning, she greets me with an American-style hug and a Tibetan-style touch of foreheads. She gestures for me to sit and hands me a cup of tea. The tea, the electric space heater, and the Chinese polyester comforters folded neatly as backrests, make me feel as if I could be in Lhasa.

On this morning, Dr. Wangmo speaks of the challenges involved in teaching Tibetan medicine to a group of students who are earnest — “they have right motivation” — and also constrained by virtue of limited language training and a dearth of opportunities to observe clinical practice, let alone to study *materia medica* or have extended hands-on experience with pharmacology. Even so, Dr. Wangmo has worked tirelessly to build a viable institution from the ground up, relying on social networks to help accomplish this goal. The faculty roster reads like a “Who's Who” in Tibetan medical society. Yet most of these instructors are the exceptions that prove the rule when it comes to the constraints and possibilities afforded by a Tibetan medical education today. In addition to Dr. Wangmo, the faculty has included a Harvard PhD and a leading historian of Tibetan medicine (Yang Ga, a contributor to this book), a monk from Kumbum Monastery in Qinghai who, in addition to his training as a Tibetan doctor, has a PhD in public health from University of California at Los Angeles, and a leading authority on Tibetan medicine from the Men-Tsee-Khang in Dharamsala who now resides in Canada.

The list of nine faculty members includes two women and two monks. As I read through these faculty biographies on the Shang Shung website, I notice cross-references to institutional certification and advanced degrees in medicine and Buddhist philosophy. I am also struck by the mention of specific teachers and medical lineages from Tibetan areas of China and India. Contrary to what one might anticipate, all faculty members born and trained in China acknowledge their personal and intellectual debt to master practitioners, most of whom lived out their lives in the People's Republic; institutional affiliations with places like the Tibetan Medical College in Lhasa or Xining were mentioned, but secondarily. In contrast, those affiliated with Indian institutions — primarily the Men-Tsee-Khang — privileged these institutional connections in their biographies.

The people who teach at Shang Shung and the students the school attracts further illustrate the interplay between traditional forms of Sowa Rigpa training and the murky yet crucial quest for licensing and certification to practice across

a range of translocal contexts: from the mountains of Nepal and the Tibetan Plateau to the backwoods of New England, where Tibetan medicine is a recent import but where histories of American herbalism and a population-based penchant for seeking out alternative therapies run deep.

The school's approach to certification is an assemblage of governance and regulatory authority that is at once local and global. Shang Shung exists within a national context (the United States) that has no regulatory framework for evaluating the qualifications of a Tibetan medical practitioner. The school legally protects itself by placing the onus on students for researching individual state regulations with respect to certification. Shang Shung encourages activism around the rights of "consumers' access to alternative therapies of their choice."¹⁶ Yet, parallel to the disclaimers placed on Tibetan medicines when they are labeled "nutritional supplements,"¹⁷ the school's website also clearly states: "The study of Tibetan medicine as presented by the Shang Shung Institute is not intended to substitute for the qualified medical expertise and advice of any primary health system in the treatment of disease or illness," even as it encourages individual patient-consumers to educate themselves about legislation to allow practitioners of alternative therapies such as Tibetan doctors to work within guidelines outlined at the state level.

At the time of this writing, the school is licensed through the Massachusetts Department of Education but is not yet an accredited, degree-conferring institution. Upon completion of the clinical rotation in Qinghai in 2009, each graduate was given a certificate by the Qinghai Tibetan Medical College, itself a hybrid public-private institution operating within the context of the Chinese state. The certificate stated that students had completed requirements for the degree "Doctor of Tibetan Medicine." The United States National Certification Commission currently approves some parts of the four-year program as Professional Development Activities for Acupuncture and Oriental Medicine. The total cost of the four-year course runs about \$20,000 for tuition and fees, not including food, lodging, and travel associated with the practicum in Qinghai.¹⁸

In June 2008 I attended a conference organized by Shang Shung on the theme "Tibetan Medicine in America," during which faculty from the institute, themselves also representatives of other Tibetan medical institutions in India and China, made presentations on Tibetan medical history, theory, and clinical research. The practitioners assembled on that occasion discussed their goals for establishing a legitimate place for Tibetan medicine within the landscape of CAM therapies in the United States — a long-term goal that remains cost-prohibitive and legally cumbersome.

During the conference, I shared lunch with some Shang Shung students: a mother-daughter pair, both of whom had backgrounds in bodywork and Buddhism; a disciple of Namkai Norbu's who had also pursued a pre-health track in college; an Eastern European with a medical degree but without the ability to practice in the United States and who expressed some disaffection for conventional biomedicine. Many of the students' academic qualifications and life experiences focused on environmentalist concerns. Some advocated strengthening local economies and embracing the adage "think globally, act locally." Every student met the criteria for admission to the program in distinct ways, but they all had been willing to commit to the rigors of this four-year course. Some had studied abroad in the greater Tibetan-Himalayan region. One student was married to a Tibetan and had lived in Dharamsala.

I asked a small group of students about their experiences at Shang Shung. They discussed the difficulty of memorizing passages from the *Four Tantras* and making sense of medical theory without having a strong foundation in classical Tibetan language. Several students voiced concerns about how or where they might be able to practice in the long-term. When I asked about their use of Tibetan pharma, the students expressed a sense of humility about ready-made formulas imported from India or China, given the quasi-legal status of these substances in the United States and their inability to control regimens of production. Yet one student also gave a first-hand testament of how *Agar 35* brought from Dharamsala helped to quell her anxiety and insomnia. Another student mentioned that an acquaintance's multiple sclerosis symptoms receded significantly after a Tibetan medicine regimen.¹⁹

While chatting with these students, I raised questions about the commodification of Tibetan medicines and the paradoxes involved in trying to globalize a medical practice that depends on *materia medica* found in high-altitude ecologies, often harvested from the wild. These students engaged in plant identification during didactic training and, in a limited way, while in Qinghai. Several students mentioned the need to pursue cultivation trials for medicinal plants — a complex endeavor that is also part of the discourses and practices of Tibetan medicine in Nepal, India, China, and Bhutan. One student noted that Dr. Wangmo had begun to work with New England herbalists to identify comparable species of locally available medicinal plants and that she hoped to begin producing some Tibetan formulas with locally grown ingredients. Another student said that the efficacy of Tibetan medicine was not limited to ingestible therapies; much good could be done with external therapies such as massage and

moxibustion, and these were more viable therapeutic strategies to use in the United States. Indeed, the Qinghai Tibetan Medical Hospital where these students conducted their practicum is known for its extensive use of external therapies, from massage and acupuncture to their renowned medicinal baths (*men lum*) department, and is currently developing a new wellness wing dedicated to similar types of therapy and health management.

"This is a big difference between us and conventional medicine," she said. "In the *Gyushi*, we learn that medicines should be a last resort. There is a lot we can do with diet and behavior. Also external therapies that are not so regulated." While this answer dodged my question about commodification, in a sense, it raised other compelling analytical themes about the classification of medicine versus a range of practices that are certainly medical but that are more easily named supplements, therapies, or bodywork in this country.

I noticed something else in this conversation. Despite differences in cultural and geographic context as well as their divergent positions in the global economy, many Shang Shung students were grappling with questions echoed by students at Lo Kunphen, a school for Tibetan medicine in Mustang, Nepal, with which I have worked for many years.²⁰ In both cases, when asked about their motivations for studying Tibetan medicine, Nepali and Shang Shung students referenced their desires to alleviate suffering. They were equally quick to recognize that making a living as Tibetan medical practitioners would be difficult, given the lack of official recognition and support for Sowa Rigpa in the United States and Nepal.

Students in both contexts described positive clinical experiences with Tibetan medicine as a motivating factor for studying Sowa Rigpa. A young female student from a remote Mustang village said she decided to enroll at Lo Kunphen after the principal of the school, a local lineage *amchi*, nursed her father back to health from a liver and gall bladder disorder; a Shang Shung student noted how his mother's supposedly inoperable cancer went into remission after a year of Tibetan medical treatment and that this galvanized him to study.

Likewise, in discussions with faculty at Shang Shung and leaders of the movement for *amchi* recognition in Nepal, teacher-practitioners raised important questions about the relationship between official forms of legitimacy (state licensing, certification, etc.) and more personalized assurances that a novice practitioner is qualified to practice.²¹ Passing examinations does not necessarily mean a student has what it takes to do no harm, to diagnose and prescribe with confidence, and to deepen his or her medical praxis

over time. Both the *amchi* at the helm of Lo Kunphen and Tibetan doctors overseeing the Shang Shung program aim to produce students who have avenues to legitimacy at once rooted in medical lineage and acknowledged as valid by the nation-states in which they hope to practice. This is a tall order. In the case of Shang Shung, it remains to be seen how graduates will enfold core principles — the three *nyepa*, the five elements, dynamics of hot and cold — along with their sincere yet partial grasp of Tibetan diagnosis and limited access to medicines — into meaningful and mindful practice with American patients.

SCENE 4: TRANSMISSION

In which a Western practitioner imparts longevity and essence extraction teachings

Fog clings to the Connecticut River on this early October day in 2011. Pine needles fall on my computer keyboard as I write, sitting on a rustic boat dock, waiting for this morning's teaching to begin. I've been invited to an event hosted by a Vermont acupuncturist, Chinese herbalist, and Taoist practitioner who counts among his teachers Dr. Barry Clark. One of the first Western students of Tibetan medicine, Dr. Clark lived in Dharamsala for the better part of two decades, where he studied with the Venerable Yeshe Dhonden, a long-time personal physician of the Dalai Lama. In the email distributed to advertise this event, the host begins by saying, "Take a day off, call in sick and get well!" The announcement describes a day that will be spent receiving transmissions in "rejuvenation methods and essence extraction techniques" by Dr. Clark, someone who has been trained in "almost all the theoretical and practical aspects of the ancient Tibetan medical system." A brief biography describes Clark's mastery of 150 of the 156 chapters in the *Gyushi* as well as intensive study of *materia medica*, and recounts how he has traveled extensively on medical tours since he began his practice sixteen years ago. The exercise in generating enthusiasm and conferring legitimacy concludes by informing the reader that Dr. Clark "has met His Holiness the Dalai Lama more than ten times privately and is friends with him."

Barry Clark is among several Euro-American pioneers in the study of Sowa Rigpa who began as devotees of particular teachers and disciples of Tibetan Buddhism. Texts to emerge from such work include Clark's translation of the *Root Tantra (Tsagyü)* and *Explanatory Tantra (Shegyü)*, which he gives the English title *The Quintessence Tantras of Tibetan Medicine*. Terry Clifford's treatise *Tibetan Medicine and Psychiatry* and the collaboration between Yeshe Dhonden and B. Allan Wallace that produced the seminal *Health Through Balance*

were among other early efforts to translate Tibetan medicine to the West, with practice in mind. Unlike scholarship that homed in on Tibetological, historical, or anthropological concerns, these works remained accessible to lay readers curious about alternative paths to wellness. At once inspired and imperfect — as many translations are — such work emerging in the 1980s signified a potentiality not so much to critically examine Tibetan medicine but to glimpse its logic and, perhaps, to learn to use it. In my discussions with Shang Shung students, I discovered that such works were foundational: illuminating initial pathways into the study of something so foreign.

Although I had never before met Dr. Clark, his book has been a useful reference to me over the years. I know very little about essence extraction, *chulen* (*chu len*), or Tibetan yogic approaches to longevity, *tsalung trulkhor* (*rtsa rlung 'phrul 'khor*), but the work of several colleagues in the field of Tibetan medical studies inspire my interest in these topics.²² Barbara Gerke has examined *chulen* as part of larger studies of long lives and good deaths in Tibetan tradition, including the creation of commercial *chulen* products at the Dharamsala Men-Tsee-Khang. M. Alejandro Chaoul has put *tsalung trulkhor* practices to work in US hospital settings with breast cancer patients, not only participating in this work as a teacher of *tsalung* and meditation but also as an investigator in clinical trials aimed at measuring the efficacy of such palliative interventions. Buddhist and medical underpinnings of *tsalung*-related practices are discussed in chapter 2 in the current volume. In this sense, both *chulen* and *tsalung trulkhor* practices are well on their way to being recontextualized for a twenty-first century, globalized Tibetan medicine. And yet I admit both curiosity and skepticism as I arrive for this transmission experience with Dr. Clark. How will this Englishman who now lives in New Zealand present Tibetan esoterica to an intimate if uninitiated and diverse group of northern New Englanders? Preliminaries indicate a day devoted to instruction in meditation techniques, review of relevant texts with Dr. Clark providing translation from the Tibetan, and perhaps even recipes for making essence extraction pills.

The eighteen of us who gather for this event enter through an open kitchen and find places on the floor, couches, folding chairs. My compatriots in this room range in age from approximately early twenties to mid-sixties. Nearly all of us are white. We face a fireplace flanked by two *thangka*, one of Tara and another of Milarepa. A small Medicine Buddha statue rests on the mantelpiece along with a coffee-table book illustrating Tibetan pilgrimage places. Our host introduces Dr. Clark — Barry — with all the reverence one would expect of a student introducing a teacher. “He speaks seven languages,

heals in five, and lectures in three. The Medicine Buddha practice is a vehicle to enlightenment, and Dr. Clark is the preeminent Tibetan medicine knowledge holder in the West. We are very lucky to have this teaching with him.”

Barry then introduces himself. He is not a large man, his face at once clear and worn. His accent combines British roots, his New Zealand home, and years in South Asia. He begins with an introduction to the meditation practices that underlie *chulen*.

“If I were to ask you, ‘What is meditation?’ what would you say?”

One person answers, “Quieting the mind?”

“Yes, but it is a bit more than that. It is calm abiding *shamata* and moving through nine stages of single pointed concentration. In Tibetan the word for meditation is *gom*, which means habituation and familiarization of mind with the object of meditation. Familiarizing mind with object of meditation means to know it every which way.... When you can develop this, in the Tibetan Buddhist tradition, you are at risk of getting struck by a thunderbolt through the ceiling!” he laughs.

Barry introduces the term *chulen*, essence extraction. “When you hear this you might think of extracting essential oils or active ingredients, but it is *not like that*,” he says these last words with Indian affect. “*Not that*. It is about extracting essence that will nourish you and sustain you. I will teach you how to make this today. In retreat, people can live on one *chulen* pill at breakfast, lunch, and dinner. The pills are about one gram or 1/29th of an ounce, in terms of the volume/weight of the pill. Tomorrow is the last day that I am available for consultations, by the way, and I still have some herbs left so you can arrange an appointment with me if you would like.”

In this introduction, I am struck by Dr. Clark’s precision — from the exact weight in grams of a *chulen* pill to the ways he chooses to begin with the etymology of key Tibetan terms. I also note the practical utility with which he speaks of Buddhist practice. He warns that one can become weak during a *chulen* retreat and that it requires both physical and mental preparedness. “So, it means extracting the essence from nectar pills by means of your concentration. You extract the subtle essence from highly concentrated and blessed substance. The purpose of meditation is reflected in the actual cycle of *chulen* practice.” He continues with a testimonial: the story of one of his retreats at a center above McLeod Ganj, in India, in the early 1980s.

We then move into the core instruction, during which Dr. Clark explains that the textual source to which he will be referring is a commentary written by the second Dalai Lama, who also wrote on *tsalung trulkhor* practice. Of *tsalung*

trulkhor he says, “By the end of all this practice, within five minutes the practitioner has a way of generating tremendous energy, if you practice with an effort and volition. You do secret tantric exercises and then you can have a surge of energy. There are twenty-one major advantages of this practice.”

The morning passes much this way: Dr. Clark moving between the recitation and translation of the second Dalai Lama’s text and his provision of additional commentary — including a summary of basic Tibetan medical theory for the benefit of those in the room who did not attend his larger public lecture the previous day. He warns that some of what he would normally transmit he will not be able to confer because not everyone in the room has experienced previous tantric empowerments, but he mentions that this transmission is tied to Dorje Naljorma (Rdo rje rnal ’byor ma, Skt. Vajrayogini) in her white form, and emerges from the Padampa tradition. He explains Tibetan metaphor that would value these teachings more than material wealth because with these instructions you can generate a “psychic fortune that is unlike the material wealth you accrue, but that stays in this life.”

As the day progresses, I find myself somewhere between Vermont and the Himalaya, but not quite in either place. Dr. Clark seems adept at translating Buddhist concepts into language that is at once just familiar enough and just foreign enough to seem both approachable and authentic. This takes skill. As he speaks about essence extraction in particular — giving ratios for mottled flowers, brown sugar, and other ingredients that make up the actual *chulen* pills — I find myself acutely aware that I am in a room with people who know their corner of Earth: its blooms and bounty, its winter recoiling, its milk and honey. Many of these people probably make tinctures, teas, essential oils themselves. I realize Dr. Clark has emphasized that *chulen* is “not that” and yet the Tibetan Buddhist lore and meditative insights he shares hang lightly over this gathering, lending a particular name to something that already seems present.

At the end of the morning session, Dr. Clark comments, “I like to think there is good or benefit to my teachings but I have never maintained that these teachings are big and precious. The exception is today, this practice of essence extraction and *trulkhor* meditation and yogic movement practices. There are certain advantages to this practice. This is something you can rejoice in. I will be interested to hear what kinds of benefits they bring to you. The benefits should be awesome and inspiring.” The day brings with it a curious mix of exoticism and self-care. I am at once open to Dr. Clark’s methods, his efforts to integrate medicine and religion, and also wary of the ways he aims to reproduce the

guru-disciple relationship and present something akin to the inner workings of Tibetan practices in such short form. But I do not underestimate what such an encounter might mean to the people with whom I share the experience.

When I introduce myself to Dr. Clark, he switches from English to Tibetan, as if to test me. Our conversation covers familiar ground: people we know in common, places we’ve spent time. I give him a copy of *Medicine between Science and Religion: Exploration on Tibetan Grounds*, a book I helped to produce. He receives it with gratitude but also with the acknowledgment that scholarship registers differently for him than practical applications of Tibetan wisdom. As our conversation concludes, he emphasizes the purity of Sowa Rigpa tradition and, apropos of time spent in Dharamsala, perhaps, clings to the sense that no real Tibetan medicine can be found anymore inside China’s Tibet. This disappoints but does not surprise me: making judgments about one set of transformations in Tibetan medicine as one actively produces others.

SCENE 5: TRANSFORMATION

In which Tibetan formulas are given makeovers and new market values

From Lhasa to other major Chinese cities, one can find displays advertising a range of commercially produced Tibetan pharmaceuticals. Standard marketing aesthetics in such retail establishments can include a green cross (signifying “natural” and “traditional” medicines), Buddhist imagery, such as the deer and the *dharma* wheel, and evocations of the “pure” mountains, lakes, and rolling grasslands that are the quintessence, if also the stereotype, of Tibetan wild lands.

Consumers at these establishments are primarily Chinese tourists, in the case of Lhasa, and upper-middle-class Chinese in other cities. It is rare to find a Tibetan of any social class purchasing items in such stores. Products on offer in these places are heavily packaged, ready to bring back to a boss or someone with whom one hopes to garner *guanxi*, connections; they are available alongside miniature yak statues and faux Khampa warrior swords. The advertising bespeaks a benevolent, happy minority people. The small print hinges more directly on tropes of science, listing active ingredients and referencing specific biomedical disease categories or biological conditions that the product aims to address. Prices are steep for these fetishized commodities.

A smiling “traditional” Tibetan nomad girl, arms outstretched in a field of high mountain rapeseed, sells medicated plasters for joint problems (FIG. 6.2). The Chinese-owned Cheezheng Group makes this product, one of the



6.2 Cheezheng advertisement of its signature “Tibetan painkilling plaster.” The package depicts Yuthog Yonten Gonpo at its center. Lhasa, Tibet Autonomous Region, China

best-selling Tibetan over-the-counter formulas in China. The company’s medicated plaster is one of the very few Tibetan medicinal products with a large export market, in part thanks to collaborations with Walmart.²³ In summer 2011 the company geared up for its initial public offering. Yet I contend that what is on sale through such products is not only relief from joint pain but also the consumption of Tibet and Tibetans, in all their pure, wholesome simplicity, with all their traditional wisdom — reformulated, of course, into modern and convenient forms.

The Arura Group is another player in this industry. Yet while Arura is certainly a successful business enterprise in a competitive marketplace, several characteristics set it apart, making Arura an interesting institution with which to work, if also one that highlights the paradoxes of capitalism with Chinese characteristics. The Arura Group helps to support the Qinghai Tibetan Medical Hospital as well as the Qinghai Tibetan Medical College, a bustling research institute, and a medical and cultural museum. Arura’s dual vision of preserving and strengthening Tibetan medical culture and providing high-quality health care to patients is built on an economic foundation that emerges from its pharmaceutical-factory-related commercial outfits.

In an autumn day in 2012, I meet a friend I will call Lhamo in central Xining, the capital of Qinghai Province and Arura’s home base. She is a graduate of the Tibetan Medical College, and she now works at one of Arura’s largest retail outlets in inner China. She’s been in this post for a year — the first of a multiyear contract that is, in a sense, payback for the scholarship she received from the Arura Group for her medical studies.

When last we met, Lhamo had toured me around the Arura Group’s pharmaceutical factory, a megalith among megaliths in the science and technology park on the peri-

urban edges of Xining and one of four Tibetan medical factories in the vicinity. The site houses the Good Manufacturing Practices (GMP)-certified commercial production facility as well as marketing and administrative offices, a large warehouse from which tons of commercial products are readied for market, and an impressive showroom that included a map of China displaying the locations of more than two hundred retail chain stores. When discussing this retail model, Lhamo described the chain stores as being “like KFC or McDonalds,” by which she meant that they could be owned and operated as a franchise. The incisive irony of this comment has stayed with me.

The Arura Group’s commercial platform includes the marketing and sale of more than seventy-five Tibetan products that hold national patents, twelve of which are classified as national heritage drugs, categories that bear not only on regimens of production but also on debates over intellectual property.²⁴ The Xining showroom models Arura’s inner China retail experience. It is a room resplendent: gilt and glass cases reminiscent of the ways Tibetan sand mandalas are displayed in monasteries; an imposing shrine of Yuthog Yonten Gonpo, the mytho-historical father of Tibetan medicine, Buddhist offering bowls brimming with dried *arura* (chebulic myrobalan), this “king of medicines”; lacquered cubbies containing Tibetan Buddhist scripture, or the facsimile thereof, bleeding into backlit shelves displaying Arura’s medical commodities. Such products include *yartsa gunbu* (*ophiocordyceps sinensis*), the caterpillar fungus that is worth more than its weight in gold. Sometimes called Tibetan Viagra, it is also purported to have a range of beneficial effects, from helping to cure liver and kidney disease to addressing autoimmune disorders. Two vials of Arura-brand *yartsa gunbu* cost nearly \$1,000. The best quality *yartsa gunbu* can go for as much as \$40,000 per kilogram wholesale.²⁵ One of the most famous Tibetan formulas, *mutig dunchu* or “pearl 70,” remains a big seller for Arura. At 398 renminbi (\$60) for two pills, it turns a pretty profit.

Other products include a range of cosmetics and what we might call nutritional supplements — face creams and fragrant complexion spritzers geared toward a female clientele, tonics such as the Adapt to the Holy Land Capsule and a new line of herbal teas — as well as Tibetan medicines. Classic formulas such as *ratna sampel* have been packaged not so much with reference to Tibetan medical theories of disease but rather with a commitment to biomedical ways of knowing — a pill indicated for hypertension or neurological disorders, tablets to quell anxiety or soothe gastritis. Brochures describing these products reference the stresses, expectations, and desires of modern lives and the inherent

benefits of “natural” products, particularly when refashioned through the tools of modern science and technology.

I ask my friend how she finds the work.

“It is okay,” she says, “but also very challenging to teach people about Tibetan medical culture without having Tibetan doctors in the stores.” During our conversation, I learn that the chain stores often also sell some biomedical products as well as standardized TCM formulas. Lhamo shows me a picture of an Arura chain store in Jiangxi Province where a diabetes screening facility has been set up, alongside a TCM practitioner who would sit in the store, providing if not comprehensive diagnosis and treatment than a certain form of medically minded consumer advice. She explains that some of Arura’s Tibetan medical practitioners make tours to different chain stores, but that the company does not have the human resources to outfit each store with its own Tibetan doctor. The stores keep records of purchases and staff members follow up with these consumers to ask how they are doing. When asked if the people who make these calls are Tibetan medical practitioners she says, “No. We call it ‘customer service.’”

I recall the patient of Tenzin Dargye who, back in Kathmandu, called his clinic a “supermarket” for medicine. Of course the marked difference between these two examples is that in Kathmandu the clinician remained at the core of the experience and here the fetishized commodity takes center stage. These chain stores seem an eerily brilliant neoliberal formation of “nature” and “health” in an era of market-driven medical care coupled with desires for wellness in a late capitalist moment (FIG. 6.3).

6.3 Arura’s showroom in Xining, China



Like other colleagues at Arura, though, Lhamo recognizes not only the profitability of the chain stores but also the challenges of developing Tibetan medicine on these terms. She relays her understanding about the laboratories in Shandong Province where safety and efficacy studies are conducted and the corporate headquarters in Shanghai. She also talks about the challenges of marketing, packaging, and labeling Tibetan formulas. Her Chinese colleagues tend to describe the goods they sell as “religious medicines.” I find this comment at once prescient and paradoxical, given the social and political stigma that Tibetan religion can denote in China. Lhamo explains that company designers put the Medicine Buddha and related images on the packaging.

“To put Sangye Menla on the packaging of real medicines is sort of okay,” Lhamo comments, “But even so, people buy them and then just throw away the images of the Buddha or other deities like they are trash.” These moves to fashion aesthetically pleasing commercial-design strategies from Buddhist iconography — topics discussed at length in Part II of this volume — are complicated by the ways that such images are expected to be treated in Tibetan cultural contexts, marking key differences with how images are deployed in a more secularized and commercialized domain.

Lhamo shares the difficulties of describing Tibetan formulas in terms that will be understandable to Chinese clientele. “We have to talk about our medicines in words that Chinese people will understand. If we say *lung*, *tripa*, *bekan* neither the salespeople nor the customers have any idea what this means.” I note in her comment an explicit sociolinguistic shift from *patient* to *customer*. In such contexts, Tibetan medicine becomes an over-the-counter experience based on Chinese biomedically defined symptomatology, peppered with reference to TCM frameworks for understanding health and disease that are also part of Putonghua vernacular in contemporary China.

“The challenge is that many people don’t know or care about the culture or history of Tibet, so if they tell incorrect information it is a big problem — not just for us but also for Tibetan medicine.” Lhamo explains that part of her job is to try to teach other employees about Tibetan medicine and Tibetan history so they can give customers sound advice about the products on offer. “Now the salespeople do an online training course, but it is not very good. You need to do a lot of self-study for such a model to be successful, and these Chinese people are not motivated to study on their own about Tibetan culture.” It is just a job, in other words, and a job reflective of a minority nationality (Ch. *minzu*) that a Han majority can perceive as troublesome and ungrateful at best, separatist and dangerous at worst — a workplace reality that

reveals smoldering prejudices rekindled during the politically explosive Olympic year of 2008 and that have been further sparked as increasing numbers of Tibetans self-immolate as an embodied response to state repression.²⁶

Lhamo's demeanor becomes pensive as she talks about life in inner China. She speaks of stereotypes about Tibetans that she encounters in daily life: judgments about her character and the awkward glances when she calls home and speaks in Tibetan. "At those moments, my office mates look at me strange. They say, 'You are not Chinese.' They also give incorrect information about what they think our medicine is for, and why it is beneficial. So I have to try and correct this as well as help manage the store." This is no small task.

In *The Devil and Commodity Fetishism*,²⁷ Michael Taussig, a physician turned anthropologist, provides a Marxist exploration of the sociocultural significance of devil imagery and stories among plantation workers and miners in Colombia and Bolivia. In a nutshell, the devil becomes an image that helps mediate between precapitalist and capitalist modes of production. Taussig argues that anthropology should be concerned with critiquing global capitalism and the ways it becomes intertwined with notions of Western culture. He suggests that we should shift the unit of analysis away from the gaze on indigenous Others toward a critique of global capital and our places within its system. He also points out that, in highland Colombia and Bolivia, indigenous expressions of the devil provide a means of recognizing the magical and, in this sense, productive logic of capitalism, even as his interlocutors experience capitalism as a system that gives rise to increased poverty, disease, and death in their communities.

Taussig's arguments provide an entrée into considering how references to Buddhism and other cultural symbols associated with Tibetanness are used to market high-end Tibetan medicines for urban, elite Chinese as well as Western consumers and what the impacts of this choice may be. It is significant that Taussig's book, first published in 1980, was aimed at critiques of Euro-American forms of capitalism and that here I am drawing attention primarily to Chinese forms of capitalism. In today's China, the logic of commodity fetishism, as represented by a devil, is transformed into a Buddha. While the logic of capitalism might be similar in highland South America and China, the affective impact of referencing devils versus buddhas is not. Taussig's devil is aggressive, bloodthirsty. The Buddha is a model of benevolence. These products form an image of Tibet that is culturally intact, spiritually infused, politically docile, and pharmacologically potent.

Underpinning both the devil imagery and that of Buddhism is an appropriation of land and labor, nature and

culture, which contributes to patterns of socioeconomic inequality, political exclusion, and market-based assaults on marginalized highland populations, including their abilities to address health-care needs. For even as a wealthy and fashionable Han woman purchases a \$400 vial of *yartsa gunbu* for her husband, somewhere else in this great country a rural Tibetan, perhaps suffering from hepatitis or a blood-bile disorder, is sent home after receiving an antibiotic infusion because this is what is available at the township clinic. Maybe this person also travels at his own personal expense to Xining to receive biomedical care or treatment at Arura's Qinghai Tibetan Medical Hospital. Or, maybe he visits a rural *menpa* who prescribes handmade medicines, powders known for their potency, in part because of the person who made them, the materials that compose them, and the prayers that have been recited over them. Yet each of these realities — commercial products, handmade therapies, and culturally grounded modes of care — depend on allusions to Buddhism and Tibetan environments, albeit in distinct vernaculars and emerging from distinct yet interconnected moral economies. And herein lies the rub. As unnerving as it is to admit, the Buddha, in his benevolence and repose, is more insidious — or at least more capable of being misrecognized — than the devil.

* * *

Tibetan medicine represents multiple and sometimes conflicting agendas. This is equally true whether we are considering Tibetan medicine as social-ecological processes or Tibetan medicines as products. As we see in chapters 3 and 12, Tibetan medicines must be proven efficacious and safe according to biomedical standards. They must retain a sense of cultural authenticity and, at times, a direct connection to Tibetan Buddhism — a domain in which medicine exists between science and religion, as discussed in chapters 2, 9, and 10. Tibetan medicine-in-practice must reflect innovation within the scientific tradition from which it emerges, even as it interacts with biomedicine, as seen in this chapter and those by Barbara Gerke, Theresia Hofer, Martin Saxer, and in the vignettes throughout this book. Tibetan medicines must treat illnesses in specific individuals, address forms of social suffering, and act as gift and anodyne within Tibetan cultural worlds. So, too, Tibetan doctors and the therapies they offer must not only reach but also translate into meaningful encounters with non-Tibetans seeking alternative health-care options.

This chapter has considered the role of Tibetan medicine for Tibetans in the twenty-first century, as well as changing forms of Tibetan medical knowledge transmission. I have

touched on the ways biomedical and Tibetan medical realities intersect through clinical practice, patient experience, and commodification. Readers have glimpsed some of the challenges faced by Tibetan medical practitioners both in Asia and the United States. I have also alluded to the increasing demands being made on Tibetan and Himalayan environments as a result of scaling up Tibetan medical industry; the impacts of climate change on these environments and *materia medica* they harbor are beyond the scope of this chapter, but no less important. These ethnographic vignettes raise questions about how and to what ends Tibetan medicine can be found in the United States, not only in the context of a growing interest in complementary and alternative medicines, but also in the lived experience of diasporic

Tibetans who call America home. I have explored how this form of traditional ethnic medicine becomes a fetishized commodity, both in China and the United States and how these transformations come to bear on practitioners from Tibet and the Himalaya. It is my hope that by highlighting some of the specific spaces in which Tibetan medicine is at once defended and transformed, we will be able to acknowledge — without nostalgia or romanticism, with curiosity and clarity — the stakes involved and the ways its globalization has impacted local healing worlds, wherever they may be.

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Part II

Medicine, Buddhism, and Historical Developments

Chapter 7

The Buddhas of Medicine

Gyurme Dorje



Since earliest times, the practice of the Buddhist path of purification and refinement has been deemed analogous to the healing powers of medicine.¹ In this chapter I examine ritual practices and meditations associated with the various buddhas of medicine as they have developed in Tibetan Buddhist and medical traditions and to which my colleagues allude in other chapters of this volume.

Some may seek to dismiss the buddhas of medicine as a mythological appendage of Tibetan medicine — an arcane equivalent of the Hippocratic oath to which medical practitioners pay lip service. This would be a grave error. For centuries and up to the present, the greatest exponents and lineage holders of Tibetan medicine have endeavored to experientially cultivate the attributes of the buddhas of medicine within the authentic meditative contexts of the Mahayana and Vajrayana Buddhist traditions. It is important to recognize this and not merely regard their representations through the erudite lens of an art historian.

Beryl Radiance

Bhaiṣajyaguru (Sman bla), rendered in English as Master of Remedies, is preeminent among the buddhas of medicine. He characteristically emits a radiant light the color of blue beryl (*bai dū rya sngon po*).²

At the start of his late seventeenth-century *Blue Beryl* commentary to the *Four Tantras*,³ Desi Sangye Gyatso notes that the precious translucent stone beryl is found in three colors, yellow, blue, and white — adjectives that he applied to the titles of his three principal treatises, which concern ecclesiastical history, medicine, and astrology and divination, respectively. Among these three gemstones, yellow beryl is identifiable as heliodor or perhaps as chrysoberyl; white beryl includes varieties of goshenite; and blue beryl includes aquamarine and darker varieties akin to maxixe. Blue beryl is attributed to Bhaiṣajyaguru, known as the King of Beryl Radiance (Vaiḍūryaprabharāja, Bai dū rya 'od kyi rgyal po) — because he is blue in color, diffuses inestimable rays of light, and is as spacious as the sky. Others have, mistakenly I believe, sought to identify *vaiḍūrya* with lapis lazuli (*mu men*) or even sapphire (*indranīla*).⁴

The Two Discourses of the Buddhas of Medicine

According to the Mahāyāna tradition, the cult of Bhaiṣajyaguru has its origin in two discourses, which the historical Buddha Śākyamuni is said to have delivered during his lifetime at Vaiśālī, an important town in the Bihar region of northern India. One is the *Discourse of the Medicine Buddhas in Eight Hundred Lines* — which we will refer to as

Discourse A.⁵ The other related text is the *Discourse on the Particularly Extensive Former Aspirations of Bhaiṣajyaguru, Endowed With Beryl Radiance*, or Discourse B.⁶ These two works focus on the compassionate aspirations of the buddhas of medicine, whose names and pledges are fervently recalled in order to protect and nourish all distressed living beings, including monastics, lay people, physicians, and patients.⁷

Several other important Mahāyāna texts, including the *Lotus Sūtra*, mention the sublime bodhisattvas of medicine — Bhaiṣajyarāja (King of Medicine) and Bhaiṣajya-samudgata (Source of Medicine).⁸ It has been suggested that Discourse B was probably recorded in writing about the second century CE, contemporaneous with the metal reliquary of the Kuṣānic emperor Kaniṣka, which is reckoned to depict Bhaiṣajyaguru flanked by the bodhisattva devotees Sūryaprabha (Sunlight) and Candraprabha (Moonlight).⁹ It is these two iconic attendants who are generally represented alongside Bhaiṣajyaguru in later iconography throughout the Mahāyāna world. The earliest Chinese translation of Discourse B, by Śrīmitra, has been dated to about 320 CE, and there are extant Chinese manuscripts from the sixth and seventh centuries CE, as well as the Sanskrit manuscripts discovered in Gilgit that have been dated to the sixth or seventh century.¹⁰ The Tibetan translations of Discourses A and B were prepared during the ninth century. In historical terms, therefore, it appears that the rites of Bhaiṣajyaguru and his six siblings and the eight *sugatas* (buddhas who have gone to bliss) forming the assemblage of Bhaiṣajyaguru, to which we shall now turn, evolved gradually from the cult of the bodhisattvas Bhaiṣajyarāja and Bhaiṣajyasamudgata, mirroring the development of Indian Mahāyāna through its sutra and tantra phases, which took place in the early centuries of the Common Era.

The narrative of Discourse A informs us that, at the request of the bodhisattva Mañjuḥṣa at Vaiśālī, Buddha Śākyamuni revealed the former aspirations of “Bhaiṣajyaguru and his six siblings” (Sman bla *mched bdun*), who form a lineal succession and are collectively also known as the “seven *tathāgatas*” (*de bzhin gshegs pa bdun*). Upon hearing the name of Bhaiṣajyaguru, twelve *yakṣa* generals and their entourage of seven hundred thousand also received the teachings of the buddhas of medicine, along with the lay vows, as they pledged to confer glory and resources on the sacred doctrine and those who practice it. Subsequently, Śākyamuni himself was inducted alongside Bhaiṣajyaguru, and the entire cluster became known as the “eight *sugatas* forming the assemblage of Bhaiṣajyaguru” (Sman bla *bde gshegs brgyad*).¹¹

Herbal Medicines (I), including the Lotus flower (top left), from Jampal Dorje's *Beautiful Marvelous Eye Ornament*, Mongolia; 19th century. Part II, folio 21 *recto* & 21 *verso*. Reprinted in *Śātipitaka Series* (Vol. 82), New Delhi, International Academy of Indian Culture, 1971. Tibetan Buddhist Resource Center. W30452

Representations of the Buddhas of Medicine

Chapels dedicated to these eight buddhas of medicine have long been venerated in some of Tibet's most sacred temples and monastic institutions — sometimes within the main hall and often within affiliated medical colleges, or *menpa dratsang* (*sman pa'i grva tshang*), where the study and practice of Tibetan medicine is pursued in a monastic environment. What follows is a preliminary survey of several famous statues, murals, and paintings found inside Tibet and elsewhere, starting with Lhasa.

IN LHASA AND CENTRAL TIBET In the Great Temple of Lhasa (Lha sa'i gtsug lag khang), which is often referred to as the Jokhang after the name of its central inner sanctum, images depicting the eight buddhas are to be seen in the Chapel of the Medicine Buddhas (Sman bla lha khang; ground floor, north wing), as well as in the Chapel of the Jowo's Concealment (Jo bo'i sbas sa'i lha khang; ground floor, south wing), where they surround Buddha Amitābha, and in the Chapel of Munīndra (Thub dbang lha khang; middle floor, south wing), where Buddha Śākyamuni in the form Śākyaketu is at the center. A renowned gilded mural depicting Bhaiṣajyaguru is also preserved behind a protective grill in the Svāstika Alcove on the ground floor. The top floor also once housed a full set of eight silver images, which had been commissioned in the seventeenth century to fulfill the dying wishes of the Mongol potentate Gushi Qan.¹²

Elsewhere in Lhasa, chapels dedicated to Bhaiṣajyaguru and his entourage are found in the Kangyur Lhakhang of the Ramoche (second floor, inner sanctum), in Tsomonling Temple (third floor), and in the Ngakpa Dratsang at Sera Monastery (Tshes dpag med lha khang, second floor). Potala Palace contains a magnificent set of images in the Chapel of Past Emanations ('Khrungs rabs lha khang), a renowned painted scroll depicting Bhaiṣajyaguru with the other buddhas of medicine, protectors, and lineage holders,¹³ and a splendid appliqué in the West Main Hall. Within Norbulingka, summer palace of the Dalai Lamas, such icons can be seen in the Kelzang Podrang, behind the main throne, and on the ground floor of the Takten Migyur Podrang, where a fine gilded copper set surrounds a gold image of the bodhisattva Mañjughoṣa.¹⁴

Outside Lhasa, at Nyetang Dolma Lhakhang, the Namgyal Lhakhang contains a set of icons surrounding a clay representation of Atiśa, who was responsible for one of the primary transmissions of the means for attainment of the medicine buddhas in Tibet.¹⁵ Neighboring Rato has a set of murals within its inner sanctum, and nearby Tashigang



displays a seventeenth-century painted scroll depicting Bhaiṣajyaguru above the throne of the Dalai Lamas.¹⁶

IN SOUTHERN AND WESTERN TIBET In southern Tibet (Lho kha), the Tsongdu Tsokpa Lhakhang, associated during the thirteenth century with Śākyaśrī, has a skylight gallery with murals depicting the full set of eight buddhas, which survived the Cultural Revolution, whereas new images can be seen at the Chapel of the Medicine Buddhas in Tradruk (ground floor) and in Chode O (middle floor).¹⁷ At Tashilhunpo Monastery in Shigatse, the Zhelrekhang (Zhal ras khang) contains a two-dimensional painted mandala depicting the palace of Bhaiṣajyaguru. The Deden Lhakhang (Bde ldan lha khang) at Shalu Monastery contains a full set of images, and the first chapel of the Gyantse Kumbum (second floor) is dedicated to the buddhas of medicine. One shrine room within the Tongdrol Chenmo Chorten at Jonang near Phuntsoling (14th century; FIG. 7.1)¹⁸ also contains a garishly repainted mural depicting Bhaiṣajyaguru (FIG. 7.2). Then, at Jang Traduntse (Byang spra dum rtse), a geomantic temple in the upper Brahmaputra region, there is a somewhat rustic series of mural paintings.¹⁹

IN FAR-WESTERN TIBET In far-western Tibet (Mnga' ris), the images of the eight buddhas within the White Temple (Lha khang dkar po) and the Mandala Chapel (Ddkyil 'khor

7.1 Tongdrol Chenmo Stupa at Jonang in Central Tibet containing a Medicine Buddha shrine room

Most of the stupa's statues and murals were removed or destroyed during the Cultural Revolution, with only a few replaced or restored in recent years.

7.2 A garishly renovated 14th-century mural of the Medicine Buddha Bhaiṣajyaguru flanked by two bodhisattva attendants, Sūryaprabha and Candraprabha, in the Medicine Buddha shrine room at Tongdrol Chenmo Stupa, Jonang, Lhatse County, Tibet Autonomous Region, China

lha khang) at Tholing have been destroyed except for their pedestals, but the magnificent murals on the side walls in the Red Temple (Lha khang dmar po) of nearby Guge have survived.²⁰ This enclave around the gorges of the upper Sutlej River was, in the middle ages, an important site for the transmission of the rites associated with the buddhas of medicine.

IN KHAM At Chamdo, overlooking the confluence of the Mekong headwaters, the assembly hall of Kalden Jampaling has a set of murals depicting the buddhas of medicine, while at Jamdun (Byams mdun) near Kyile (Dkyil le) in Drayab county, there is a freestanding stone image of Bhaiṣajyaguru.²¹ Farther south in the Mekong gorge, at Dechen, the recently built Kawa Karpo Lhakhang boasts a set of murals in its ground floor chapel, whereas Ganden Dondrubling has a set of sculpted images on the north side of the ground floor.²² East of the Yangtze River, Derge Gonchen features a set of murals in the assembly hall (right wall), and Dargye Gonpa has a set of images in the inner sanctum of the restored Tsenyi Dratsang (Mtshan nyid grva tshang). Farther east, in Minyak, the Chakdra Chorten (Lcags 'dra mchod rten) is dedicated to the eight buddhas of medicine, and another set can be seen in the restored Jokhang of Dordrak Gonpa in Dartsendo,²³ the modern-day capital of Kandze Prefecture.

IN AMDO In northeastern Tibet, at Sato Kalden Tashi Chokhorling (Sa mtho skal ldan bkra shis chos 'khor gling), near the western shore of Lake Kokonor, a medical college has icons dedicated to Bhaiṣajyaguru and retinue, and the medical college at Kumbum Jampaling contains a three-dimensional mandala. The medical college Sorig Zhenpenling (Gso rig gzhan phan gling) at Labrang Monastery houses images of the buddhas of medicine flanking Buddha Akṣobhya²⁴ — the murals in the courtyard there are discussed by Katharina Sabernig in vignette 2 in this volume. Rungan Gonpa in Trika, to the south of the Yellow River, has a set of murals, as does the Jampa Lhakhang at Drakar Tredzong, while the medical college at Rabgya Gonpa (Rwa rgya dgon pa) has both murals and images.²⁵ Dodrubchen has a set of murals above the door of its main temple, whereas Singsing Gon (Sing sing dgon) in Sertar has a large Tashi Gomang-style stūpa dedicated to the eight buddhas of medicine, with a further set of eight flanking Amitābha in the adjacent Zangdok Pelri Lhakhang (Zangs mdog dpal ri'i lha khang).²⁶ This survey is merely illustrative and by no means exhaustive.

OUTSIDE TIBET In collections outside Tibet, too, there are exquisite exemplars of Tibetan art depicting the buddhas of medicine, including at least six icons of Bhaiṣajyaguru as



a single sculpted figure. In the Basel Museum der Kulturen there is a gilded copper statue of Bhaiṣajyaguru (FIG. 7.3), with dark-blue hair and a gilded protuberance, which has been dated to the eighteenth century. The left hand supports a dark bowl of nectar, and the right hand holds a myrobalan fruit. The pedestal is missing. A small statue of Mongolian provenance in the Rubin Museum of Art (FIG. 7.4) dates from the nineteenth century. It has an intact lotus cushion, an elaborate pedestal, and an overall austere appearance. This feature is enhanced by the fading of the blue pigment and gilding, traces of which survive only on the elongated ears and the cavities around the mouth, nose, and *ūrṇakēśa* (the hair ringlet between the eyebrows). The Nyingjei Lam Collection contains a well-preserved image of Bhaiṣajyaguru, in copper alloy, silver, and copper, which combines Tibetan physiognomy with other features reminiscent of East Indian sculpture.²⁷ A larger Bhaiṣajyaguru of gilded copper with blue hair (FIG. 7.5) in a private collection in the United States has been detached from its lotus cushion and pedestal and is somewhat the worse for wear, with indentations on the arms; the bowl of nectar that Bhaiṣajyaguru holds is conspicuously missing from the left hand. The right hand, however, does hold the requisite myrobalan fruit. Another exquisite statue of Bhaiṣajyaguru seated on a lotus plinth is unusually fashioned of gilded and painted wood, and it exhibits delicate facial features although it lacks the bowl of nectar (FIG. 7.6). A



7.3 Medicine Buddha
Bhaiṣajyaguru. Tibet;
18th century. Gilded
copper; 19.5 cm.
Museum der Kulturen,
Basel, Sammlung Essen.
Ild 13900 (HAR 3313900)



7.4 Medicine Buddha
Bhaiṣajyaguru. Mongolia;
18th century. Copper
alloy; 18.4 × 13 × 8.9 cm.
Rubin Museum of Art.
C2006.60.2 (HAR 65726)

less finely executed gilded icon complete with pedestal and aureole is also held at Tibet House in New Delhi.²⁸ Wooden icons have been relatively unusual in Tibet, but there are important exceptions.²⁹

The earliest extant Sino-Tibetan silk painting of Bhaiṣajyaguru, now in the British Museum, is from Dunhuang in western China (Cave 17, Qian Fo Dong; FIG. 7.7).³⁰ Dated to 836, it depicts the central Buddha of Medicine in a golden yellow color rather than blue beryl, which is a permissible alternative — suggesting that Śākyamuni appears here in the guise of the Buddha of Medicine.³¹ He is flanked by the bodhisattva devotees Sūryaprabha and Candraprabha, with clusters of bodhisattva figures and retainers below.³² This beautiful painting exhibits two distinct styles — with Bhaiṣajyaguru and his bodhisattva retainers executed in Tibetan style and the lower bodhisattva clusters in Chinese style.³³ Moreover, it appears to be the upper portion of a once larger work that prominently featured the bodhisattva of compassion, Mahākāraṇika, whose head is still visible toward the lower end of the fragment. The inscriptions in Tibetan and Chinese, which are not usually found together in the central cartouche, indicate that the artist, Pelyang by name, painted the Buddha of Medicine for the benefit of his own health and to dedicate the merit for the sake of all sentient beings.³⁴

Another extraordinary and delicately executed twelfth-century painting (FIG. 7.8) depicts the aquamarine Bhaiṣajyaguru surrounded by bodhisattva devotees in a simple composition.³⁵ Here Bhaiṣajyaguru is large and dominant, his aquamarine hue complemented by the orange of his robe and the blue-and-gold threaded pattern of the backrest. He holds the requisite myrobalan plant in his right hand and the bowl of nectar in the left. The entourage, inclined in homage toward the central figure, includes the bodhisattvas Candraprabha and Sūryaprabha on either side, with six others above. The colors are subtle and light, reminiscent of certain extant murals at Shalu and, to a lesser extent, at Dratang.³⁶ The figures are seemingly free and painted in a less formal manner than in later examples. Below the central figure are the seven insignia of royal dominion (*rgyal srid sna bdun*), comprising the precious wheel (*'khor lo rin po che*), the precious gem (*nor bu rin po che*), the precious queen (*btsun mo rin po che*), the precious minister (*blon po rin po che*), the precious elephant (*glang po rin po che*), the precious horse (*rta mchog rin po che*), and the precious general (*dmag dpon rin po che*). Among them, the precious general evokes the *yakṣa* generals in the entourage of Bhaiṣajyaguru, to which reference will be made below. The protectors Vajrapāṇi and Vināyaka are located in the bottom-left and -right corners.

7.5 Medicine Buddha
Bhaiṣajyaguru. Central
Tibet; 14th or 15th century.
Gilded copper; 63.5 cm.
Pritzker Collection,
Chicago





7.6 Medicine Buddha
Bhaiṣajyaguru on Lotus
Seat. Central Tibet; 18th
or 19th century. Gilded
and painted solid wood;
24 × 16 × 12 cm. Private
Collection, Germany

Extant paintings from the fourteenth century on frequently depict Bhaiṣajyaguru at the center of a more formal composition, accompanied by an elaborate entourage of medicine buddhas and retainers, as we shall see below.

Three Ritual and Meditative Contexts

In view of this widespread profusion of images of the buddhas of medicine throughout the Tibetan Plateau, how should we understand their spiritual dimension and the roles they serve in specific ritual and meditative contexts for both monastic and lay practitioners of Buddhist medicine? There are ritual practices concerning the buddhas of medicine that have been composed over the centuries by exponents of the various schools of Tibetan Buddhism — Nyingma, Kadam, Sakya, Shalu, Jonang, Kagyu, and Gelug.³⁷ Most of these are representative of three distinct genres: permission rituals (*anujñā, rjes snang*), means for attainment (*sādhana, sgrub thabs*), and empowerment rites (*abhiṣekavidhi, dbang chog*). Each of these will now be considered in turn. A crucial distinction is that in the permission rituals, the practitioner petitions the buddhas of medicine as a devoted servant appealing for help, exhorting them to fulfill their former aspirations (see below). The means for attainment and the empowerment rites, on the other hand, require the practitioner to wholly identify meditatively with the buddhas of medicine.

ŚĀNTARAKṢITA'S PERMISSION RITUAL The oldest extant commentarial text of the Indo-Tibetan tradition appears to be the permission ritual attributed to the great preceptor Śāntarakṣita (725–783), who is known to have ordained the first seven trial monks at Samye Monastery, according to the Vinaya lineage of Lower Tibet (Smad 'dul). Śāntarakṣita is a most revered figure — ranking alongside his contemporaries Guru Padmākara and Emperor Trisong Detsen — and his skull is even now preserved as a precious relic at Samye.

The text in question is entitled *The Rite of Reciting the Incantation of the Particularly Extensive Former Aspirations of the Seven Sugatas, Compiled from the Sūtra*.³⁸ It is located in the Tangyur, the Collection of Indic Commentaries, alongside two shorter related texts that are also attributed to Śāntarakṣita,³⁹ and it can elsewhere be found in the *Extended Transmitted Teachings of the Nyingma School* from Katok.⁴⁰

Tradition holds that Śāntarakṣita received the transmission of this permission ritual in a “close lineage” (*nye brgyud*) directly from the bodhisattva Mañjughoṣa, who had been instructed in person by Buddha Śākyamuni. Śāntarakṣita appears to have introduced the rite from Odantapuri in India to the Tibetan royal court at Samye, where it was maintained

as a sacred commitment by Trisong Detsen (r. 755–797) and subsequently transmitted through the distinctive royal lineage of his successors: Sednalek Jingyon (r. 804–815), Relpachen (r. 815–838), Lhalung Pelgyi Dorje (assassin of the apostate king Langdarma), Osung (840–893), Pelkortsan (881–910), and their descendants — the princes of Guge in far-western Tibet, namely Kyi-de Nyimagon (fl. 912), Tashi-de, Lha Lama Yeshe-o (947–1024), Lha-de, O-de, Tse-de, and so forth.⁴¹ Later, during the seventeenth century, the transmission reverted to the Fifth Dalai Lama Ngawang Lozang Gyatso, in whom the spiritual and temporal leadership of Tibet had converged. He then composed his own ritual arrangement of the offerings to the Seven Sugatas entitled *Wish-fulfilling Potentate*.⁴² Along with more recent rites authored by Jamyang Khyentse Wangpo (1820–1892) and Mipham Namgyal Gyatso (1846–1912), which are equally inspired by Śāntarakṣita's permission ritual, this work is also included in the second volume of the *Extended Transmitted Teachings of the Nyingma School*.⁴³

Śāntarakṣita's permission ritual purposefully uses the language of the aforementioned canonical works — particularly Discourse A — reiterating the former aspirations of all seven buddhas of medicine and invoking their remedial powers, alongside those of their principal retainers — the three bodhisattvas — Mañjughoṣa, Trāṇamukta (*skyabs grol*), and Vajrapāṇi — as well as the protector deities Brahmā and Indra, the four guardian kings, and the twelve *yakṣa* generals. When this assemblage is propitiated, it is said that, owing to their former aspirations, diseases will be easy to cure, and those who are free from disease will not succumb to ill health or contagion. The practice of this permission ritual is also used for the consecration of medicine, and it is claimed to enhance any doctrine that subdues the harmful influences of dissonant mental states.

In general, it is said that the eight buddhas of medicine have a marvelous capacity for taking “disciples of the degenerate age” into their following, and in particular, they are prestigious in Tibetan circles because they served for centuries as the essential meditational deities of the successive religious kings and royal princes of Tibet. Therefore, it is believed that when this rite is faithfully conducted, virtuous objectives will be facilitated with regard to the Buddhist teachings and worldly affairs.

The rite integrates preliminaries that would normally precede any means for attainment: the taking of refuge, the invitation to the deities to attend the rite, the request that the deities be seated, the paying of homage and the making of offerings to the deities, the confession of negativity, the empathetic rejoicing in the positive merit of others, the

request that the deities turn the wheel of the sacred doctrine, the request that they do not pass into *nirvāṇa* but remain in the world to guide sentient beings, the request for forbearance, and the dedication of merit.⁴⁴

Following ritual ablutions, elaborate offerings should be arrayed on an altar, and Discourse A should be read aloud as often as possible, after which the practitioner is advised to visualize the celestial palace of the buddhas of medicine, within an appropriately pristine environment. This part of Discourse A is translated in Appendix 7.1.⁴⁵ There then follows the eightfold homage to the eight buddhas of medicine and their retainers, who are also depicted in figures 10–18.⁴⁶

In the midst of this palace, on lion thrones fashioned of gemstones, upon a lotus cushion, the *tathāgatas* of the ten directions are present, including the eight buddhas of medicine:

1. Homage to the Sugata Sunāmaparikīrtanaśrī (Mtshan legs yongs bsgrags dpal), who is golden in color and endowed with the gesture of granting refuge (*skyabs sbyin phyag rgya*). Accomplished in eight former aspirations⁴⁷ and resplendent with the glory of the two provisions, he partakes of the glory of the field of Aparājita. He releases sentient beings from all fears associated with contagious diseases, demonic possession, obstructing spirits, hunger, and thirst.
2. Homage to the Sugata Ratnacandrarāja (Rin chen zla ba), who is yellow in color and endowed with the gesture of supreme generosity. Accomplished in eight former aspirations⁴⁸ and resplendent with the glory of the two provisions, he partakes of the glory of the field of Ratnavatī. He releases sentient beings from the pains of childbirth, death caused by demonic possession, and mental distractions.
3. Homage to the Sugata Suvarṇabhadravimalaprabhāsa (Gser bzang dri med snang), who resembles the exquisite gold of the Jambu River and is endowed with the gesture of teaching the sacred doctrine. Accomplished in four former aspirations⁴⁹ and resplendent with the glory of the two provisions, he partakes of the glory of the field of Gandhaparipūrṇa. He releases sentient beings from the defects of short lifespan, disputations, feeble training, and so forth.
4. Homage to the Sugata Aśokottoma (Mya ngan med mchog), who is pale red in color and endowed with the gesture of meditative equipoise. Accomplished in four

former aspirations⁵⁰ and resplendent with the glory of the two provisions, he partakes of the glory of the field of Aśoka. He alleviates torments caused by suffering and harmful influences caused by elemental spirits, and so forth.

5. Homage to the Sugata Dharmakīrtisāgaraghoṣa (Chos bsgrags rgya mtsho'i dbyangs), who is pink in color and endowed with the gesture of teaching the sacred doctrine. Accomplished in four former aspirations⁵¹ and resplendent with the glory of the two provisions, he partakes of the glory of the field of Dharmadhvaṇja. He generates the authentic view, giving rise in the mind stream to the enlightened mind, loving kindness, and so forth.

6. Homage to the Sugata Abhijñārāja (Mngon mkhyen rgyal po) who is coral red in color and endowed with the gesture of supreme generosity. Accomplished in four former aspirations⁵² and resplendent with the glory of the two provisions, he partakes of the glory of the field of Ratnasāgara. He enables the resources compatible with the sacred doctrine to flourish and promotes long life.

7. Homage to Bhaiṣajyaguru, the Master of Remedies (Sman gyi bla), also known as Vaiḍūryaprabharāja, King of Beryl Radiance (Vaidurya' 'od kyi rgyal po), who is blue in color and endowed with the gesture of supreme generosity, [holding the myrobalan plant and bowl of nectar]. Accomplished in twelve former aspirations and resplendent with the glory of the two provisions, he partakes of the glory of the field of beryl light [Sudarśana]. He generates the path of the Great Vehicle in the mind stream, alleviates the three poisons, dispels the propensities of wrong view, and enables sentient beings to attain the sublime path.

8. Homage to the supreme guide Śākyaketu (Shāk ya ke tu), who is golden yellow in color and endowed with the earth-touching gesture. Through the power of his marvelous compassionate spirituality and great perseverance, he partakes of the glory of the field of the Sahalokadhātu. In brief, he teaches all the advantages that accrue from the canonical discourses, offering the supreme lamp that dispels the darkness of fundamental ignorance and medicine that alleviates sufferings and ill health. He maintains all the sacred doctrines of the conquerors without exception, paying homage, granting offerings, and taking refuge in all aspects of the supreme precious jewel of the sacred doctrine.

7.7 Medicine Buddha
Bhaiṣajyaguru, flanked
by two bodhisattva atten-
dants, Sūryaprabha and
Candraprabha. Dunhuang,
Gansu Province, China
(Cave 17, Qian Fo Dong);
836. Painted silk; 152.3 ×
177.8 cm. British Museum.
Stein Collection, No. 32



In this enumeration of the buddhas of medicine, the central figure of the cluster — that of Bhaiṣajyaguru — is seventh in line, and the historical Buddha Śākyamuni is eighth in line. These are all invoked in turn, alongside the aforementioned bodhisattvas, *yakṣa* generals, and all the sublime protectors of the sacred doctrine. It should be noted that in this permission ritual and the discourses on which it is based there is as yet no specific listing of all fifty-one deities of this assemblage, which, in Tibet, are often depicted in painted and sculpted forms from the fourteenth century on and referenced in iconographic treatises, notably those compiled by Tāranātha (1575–1634) and Jamyang Loter Wangpo (1847–1914).⁵³

Following this homage, the practitioner should request the conferral of blessings, inviting the buddhas of medicine

and their entourages to manifest themselves in his or her presence.⁵⁴ The assemblage of the eight buddhas is then visualized to appear, through their miraculous powers, from their respective fields. In the midst of the celestial palace, they are seen as assuming their seats upon the eight great lion thrones, alongside the sacred texts, while the retinues of the three foremost bodhisattvas take their seats in front, with the twelve *yakṣas* to the left and Brahmā, Indra, and the four guardian kings to the right. This iconographic arrangement is reproduced in later murals and painted scrolls.

A brief prayer of homage and offering is then made to each of the eight buddhas, the three main bodhisattvas, Brahmā, Indra, the four guardian kings, and the twelve *yakṣas*, in succession. The offerings are finally presented, including actual materials, sacramental substances, and visualized

objects, after which the devotees confess their negativity, rejoice in the merit of others, encourage the buddhas to turn the wheel of the sacred doctrine, and request that they not pass into final *nirvāṇa* until all sentient beings have attained enlightenment.

INVOCATION OF THE FORMER ASPIRATIONS OF THE

BUDDHAS OF MEDICINE All this acts as a precursor to the longest section of the permission ritual, in which a sevenfold elaborate homage, offering, and refuge prayer is pledged in the presence of each of the eight buddhas and their retainers in turn, ensuring that sentient beings who maintain the canonical discourses will be protected and that diseases are alleviated. The following homage to Bhaiṣajyaguru's twelve former aspirations is illustrative:⁵⁵

1. May all sentient beings including us acquire bodies that are excellently adorned with the thirty-two major marks and the eighty minor marks! May all sentient beings, too, become like us in that respect! May the countless and inestimable world systems radiate, shine, and be illuminated through the light rays diffused by all these physical forms!

2. Just as your body resembles the precious gemstone beryl, may all forms — outer, inner, and intermediate — be purified accordingly, becoming immaculate and luminous. May our entire bodies be spacious and radiant, blazing with glory and splendor, well distinguished, adorned by networks of light rays, surpassing the sun and the moon! May the luminosity of our bodies cause sentient beings who are born in this world system, and indeed those who travel about in the darkness of night within this human world, to undertake their actions joyfully!

3. Through the inestimable discriminative awareness and skillful means of the *tathāgata* Bhaiṣajyaguru, King of Beryl Radiance, may the inestimable worlds inhabited by sentient beings including us not experience the depletion of resources, and may no one at all be separated from them!

4. May all sentient beings who have entered upon negative ways, and all those who have set out on the paths of the pious attendants and hermit buddhas, enter upon the path of the Great Vehicle!

5. May all sentient beings, including us, be restrained in accordance with the three vows and may their ethical discipline not degenerate until reaching conclusive enlightenment!

6. May all the physical obscurations of all sentient beings, including us, who are of poor physique, deficient in sense faculties, unpleasant in complexion, afflicted by skin disorders, and who are lame, blind, deaf, insane, and afflicted by diseases, be purified, and may all have their sense faculties intact and all their limbs restored!

7. May all diseases afflicting sentient beings, crushed by various ailments, without refuge, without protector, without provisions, without medications, without allies, destitute, and imbued with suffering be alleviated! May they be free from disease and unharmed until conclusive enlightenment, and may they secure excellent necessities!

8. May all those women who wish to be released from the sufferings associated with female birth, who are afflicted by the hundred defects that women suffer, and who do not delight in their female forms, be averted from that condition, and may they be born in male forms [where sufferings are somewhat diminished] until conclusive enlightenment!⁵⁶

9. May all sentient beings, including us, be released from the snare of demonic forces! Abandoning different, incompatible views and disharmonies caused by worldliness, may they be established in the authentic view! May we perfect the extensive conduct of enlightenment!

10. By the power of our merits, may all sentient beings including ourselves, who are petrified by the fear of kings, who are bound, beaten, imprisoned, and oppressed by many causes deserving of capital punishment, but who are nonetheless free from pride, and imperiled by the sufferings of body, speech, and mind, be completely released from all harmful influences.

11. May all sentient beings, such as us, who are parched by the fires of hunger and thirst, who struggle to find food, and who engage in negative actions, be satisfied with food and drink endowed with colors, aromas, and tastes and may they subsequently be established in the most blissful savor of the sacred doctrine!

12. May all those sentient beings such as us, who are naked, uncovered, destitute, and imbued with suffering, and who experience day and night the sufferings of cold, heat, insects, and mosquitoes, fulfill all their wishes, obtaining diversely colored garments, precious ornaments, finery, garlands, ointments, music, cymbals, and bells! May they



7.8 Medicine Buddha Bhaiṣajyaguru with an entourage of eight bodhisattvas. Tibet; 12th century. Pigment and gold on cotton; 125 × 85 cm. Minucci Collection, London

possess the joy of sublime and joyful ethical discipline! May they be established in the bliss of liberation that is not oppressed by the torments of dissonant mental states!

Furthermore, when we have passed away from this world, may we take birth miraculously on the lion throne, in the pollen bed of a lotus, in the field of the buddha and *tathāgata* Bhaiṣajyaguru, King of Beryl Radiance, and immediately after being born therein, may we actualize all the provisions of enlightened attributes, including incantations and meditative stabilities!

The foregoing passage resonates closely with the descriptions of Bhaiṣajyaguru's twelve aspirations that are found in the earlier discourses.⁵⁷

Following this elaborate retelling of the former aspirations of the various buddhas of medicine, the permission ritual summarizes the ways in which sufferings may be eliminated by fervently recalling the names of the buddhas of medicine and then proceeds to the recitation of Bhaiṣajyaguru's incantation:

OM NAMO BHAGAVATE BHAṢAJYAGURU VAIDŪRYA
PRABHĀRĀJAYA
TATHĀGATĀYA ARHATE SAMYAKSAMBUDDHĀYA
TADYATHĀ OM BHAṢAJYE BHAṢAJYE MAHĀBHAṢAJYE
RĀJASAMUDGATE SVĀHĀ⁵⁸

This is followed by a request that the assemblage of deities grant their blessings, a concluding prayer for forbearance, and the valediction.

Implemented in this way, Śāntarakṣita's permission ritual awakens the receptivity of devotees and medical practitioners to the aspirations of Bhaiṣajyaguru and his assemblage by making the appropriate visualizations, offerings, and recitations. It therefore provides a strong ethical foundation for the practice of medicine that is rooted in the discriminative awareness, compassion, and skillful means of the Mahāyāna tradition. In terms of praxis, it is true to say that the painted and sculpted imagery of the buddhas of medicine found throughout Tibet are not merely imbued with an aesthetic value, but they also function as ideal supports for visualization and as receptacles of offering, as is generally the case in Tibetan Buddhist art.

The Means for Attainment

Distinct from the genre of permission rituals, there are also means for attainment (*sādhana*, *sgrub thabs*) pertaining to the buddhas of medicine, which physicians and patients are

encouraged to undertake. Two examples are given — the first being an extremely brief work composed by Atiśa (982–1054), which can be found translated in appendix 7.2⁵⁹ and the second a more elaborate practice derived from the *Blue Beryl* of Desi Sangye Gyatso, which will be discussed below in more detail. As a precursor, I will digress to consider the *Four Tantras* on which the *Blue Beryl* comments.

BUDDHIST AND BON PERSPECTIVES ON THE *FOUR TANTRAS* With regard to the *Four Tantras*, let us first consider the Buddhist and Bon views concerning their origin. Desi Sangye Gyatso identifies Bhaiṣajyavana — the Grove of Medicines,⁶⁰ where Buddha Śākyamuni sojourned for four years — as the location in which they were revealed. As several contributors to this volume have noted, these texts are seminal for practitioners of Tibetan medicine, offering a comprehensive exposition of medical theory and practice. According to the seventeenth-century *Blue Beryl* commentary, Śākyamuni manifested, toward the end of his life, in the form of Bhaiṣajyaguru, in the palace of Sudarśana at Bhaiṣajyavana (see FIG. 1.1) The introductory chapters of the *Four Tantras* describe the emanation of rays of light from different energy centers within his body and his consequent assumption of the five distinct aspects of the buddha body of perfect resource (*sambhogakāya*), through which he would deliver the *Four Tantras* simultaneously.

As such, the hermit sage Manasija, who is the embodiment of Amitābha and his pristine cognition of discernment, appears from the tongue of Bhaiṣajyaguru to request each of the four treatises in turn.

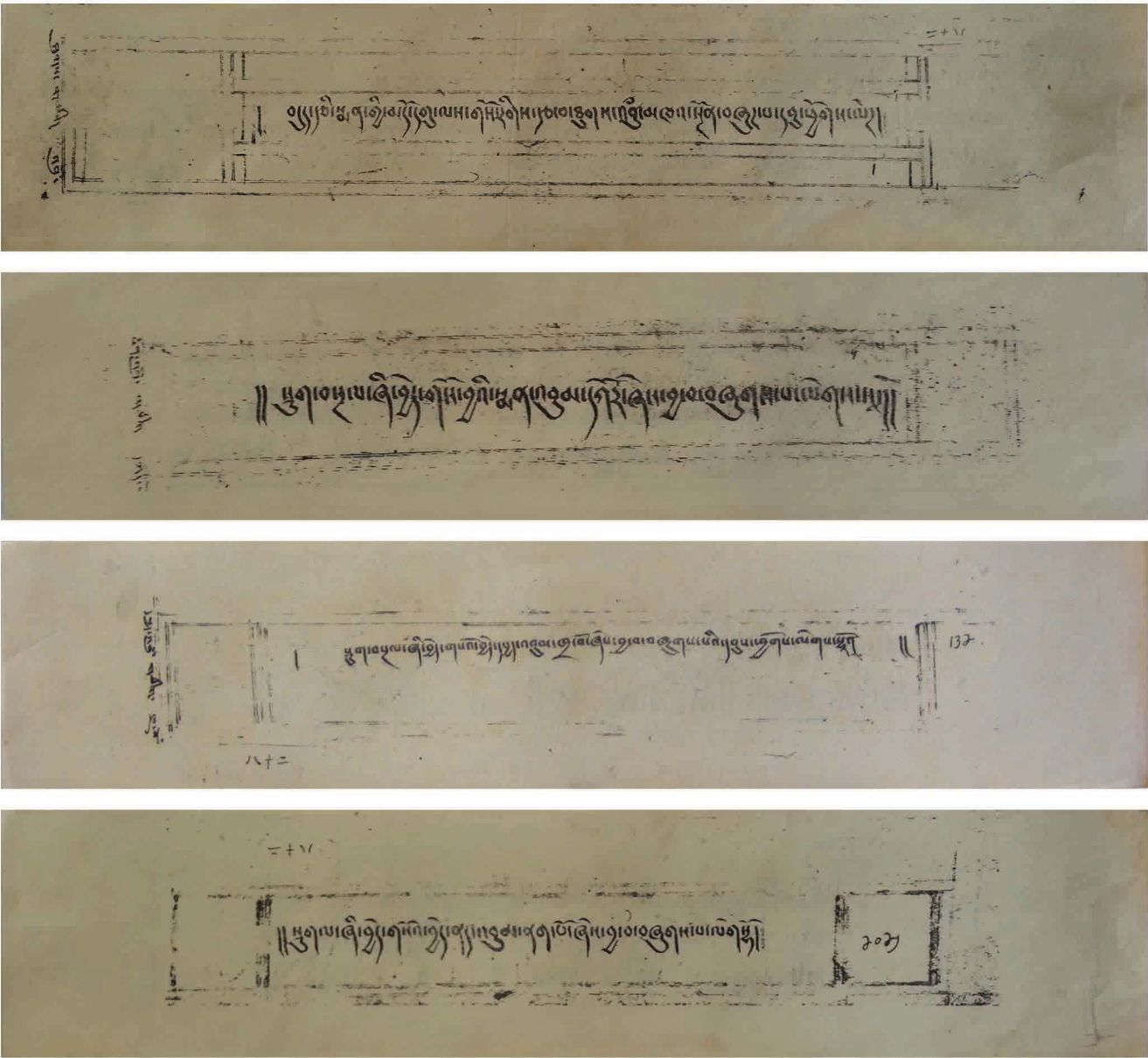
(1) Then, by way of a response, the *Root Tantra*, which presents the basics of pathology, diagnosis, and treatment, is initially delivered by the hermit sage Vidyājñāna, who emanates from the heart center of Bhaiṣajyaguru and is the embodiment of Akṣobhya and his mirror-like pristine cognition.

(2) The *Explanatory Tantra*, which elaborates on the theoretical content of embryology, physiology, pathology, diagnostics, and treatment, is delivered by the hermit sage Vidyājñāna, who emanates from the crown center of Bhaiṣajyaguru and is the embodiment of Vairocana and his pristine cognition of reality's expanse.

(3) The *Instructional Tantra*, which details the practical application of treatment, is delivered by the hermit sage Vidyājñāna, who emanates from the navel center of Bhaiṣajyaguru and is the embodiment of Ratnasambhava and his pristine cognition of sameness.

(4) Lastly, the *Final Tantra*, which lucidly explains the practical techniques of diagnosis, tranquilizing agents, cathartic

7.9 Title folios of the four volumes of a *Bumshi* manuscript. Tibet; 20th century. Ink on paper; 12 × 50.8 cm. In use at the Bon Sorig Lobtra, Kathmandu



procedures, and external therapies, is delivered by the hermit sage Vidyājñāna, who emanates from the secret center of Bhaiṣajyaguru and is the embodiment of Amoghasiddhi and his pristine cognition of accomplishment.⁶¹

Buddhist tradition holds that the *Four Tantras* were historically transmitted in Tibet by the great translator Vairocana during the eighth century, based on teachings he had received from Candranandana and Guru Padmākara, during the lifetime of the great physician Yuthog Yonten Gonpo the Elder, and then concealed as a “treasure-doctrine” (*gter chos*) at Samye, where the manuscripts were subsequently retrieved by Drapa Ngonshe of Dratang on July 19, 1038.⁶² Subsequently the text was redacted and came to be known

as the *Four Tantras of Dratang* (*Grva thang rgyud bzhi*), after the locale of its discoverer. The work is reckoned to have assumed its present form in the twelfth century, when revisions and annotations were introduced by Yuthog Yonten Gonpo the Younger.⁶³ Another distinct tradition holds that Yuthog the Elder unearthed the texts as treasure about 762 and disseminated them at a college he had instated at Menlung in Kongpo.⁶⁴ However, the authenticity of the biography of Yuthog the Elder and even his existence are disputed in chapter 8 of the present volume by Yang Ga, who evaluates the source materials on the basis of which Yuthogpa redacted or composed the *Four Tantras* in their present form.

According to the Bon tradition, the *Four Tantras* were adapted by Vairocana from a seminal work entitled the *Four Collections of Medical Science* (*Gso rig'bum bzhi*) during the period when Emperor Trisong Detsen had proscribed Bon and established Buddhism at the state religion of Tibet.⁶⁵ The *Four Collections* (FIG. 7.9) are attributed in the Bon tradition to Chebu Tri-she, a Bon priest revered as the son or heir of Shenrab Miwoche, founder of the Bon religion (FIG. 7.10), who is said to have frequented Tajikistan and the Zhangzhung region of far western Tibet some 2,000 years BCE. In this text, Shenrab Miwoche appears in the form of Bhaiṣajyaguru to teach the *Four Collections* on behalf of his interlocutor Chebu Tri-she. If such antiquity were accepted, the *Four Collections* would predate the epoch of Buddha Śākyamuni by some fifteen hundred years. The Bon tradition itself holds that the texts were transmitted orally in the Zhangzhung language until the eighth century, at which time they were written down and translated into Tibetan. In his introduction to the published edition of the *Four Collections*, Thubten Phuntsog points out that the text first surfaced in the Kailash region of far-western Tibet, and that it is remarkably similar in content to the *Four Tantras*, despite archaic usage, imperfect metrical arrangement, and frequent references to mantras of Zhangzhung origin.⁶⁶ Now that the *Four Collections* is readily available, following its publication in 2005, detailed comparative analysis between the content and terminology of the *Four Collections* and the *Four Tantras* has become a fertile area for contemporary researchers.

Whatever its origin, the *Four Tantras* has become the primary sourcebook for the practice of Buddhist medicine in Tibet, surpassing in importance the extant Sanskrit treatises.⁶⁷ By the fifteenth century, two main schools of interpretation had evolved: the Jangpa school, including Namgyal Dorje, and the Zurkhar lineage, including Zurkhar Nyamnyi Dorje (1439–1475). These and other medical lineages were integrated during the seventeenth century by Desi Sangye Gyatso in his authoritative *Blue Beryl* commentary.⁶⁸ Although Tibetan historians such as Pawo Tsuklak Trengwa and lineage holders of the Zurkhar tradition appear to have rejected the view that the *Four Tantras* represents the word of the buddhas, interpreting Sudarśana as a pure visionary experience of Yuthog Yonten Gonpo the Younger,⁶⁹ the resurgence of this view in the age of Desi Sangye Gyatso reflects the increasing importance of the eight buddhas of medicine as an orthodox fountainhead of the entire medical tradition.

ATTRIBUTES AND COMMITMENTS OF A PRACTICING PHYSICIAN Chapter 31 of the *Explanatory Tantra* examines the requisite attributes of a learned practicing physician.

Prominent here is the need for an analytical intelligence that comprehends the concise and extensive treatises of medical science and has prescience of life, death, and medication. In addition, doctors should cultivate a positive caring attitude devoted to the welfare of living beings and maintain their commitments with respect to medical ethics, for it is said that commitments establish an attitude of respect for medical teachers, textbooks, and fellow medical students; compassion for the unbearable sufferings of the patient; and an absence of revulsion when confronted by bodily fluids and impurities. Physicians should also regard all the archetypal lineage holders of medical science as protectors and medical instruments as their hand emblems, and they should perceive all medicines as if they were precious gemstones, nectar, and sacred substances.⁷⁰

THE MEANS FOR ATTAINMENT OF BHAIṢAJYAGURU, ACCORDING TO THE *BLUE BERYL* In order to fulfill these commitments in general, securing the ethical basis of their profession, and especially to consecrate medicines as nectar, physicians must spiritually identify themselves with Bhaiṣajyaguru, the King of Beryl Radiance, by performing the ritual means for attainment of the Bhaiṣajyaguru mandala in all its details, including elaborate visualizations and mantra recitations.

The practice is described as follows:⁷¹

One should instantly visualize oneself as the transcendent lord Bhaiṣajyaguru — the Master of Remedies, who is also known as Vaiḍūryaprabharāja — King of Blue Beryl Radiance — because the bright rays of light diffused from his body disperse the gloom of fundamental ignorance, hatred, and desire, while curing all physical ailments caused by the imbalance of the three humors. He is seated upon a throne made of various wish-fulfilling gemstones and in particular of yellow, white, and blue beryl. The throne is supported by carved images of a lion, elephant, horse, garuḍa (a mythical eagle-like bird), and a peacock.

Bhaiṣajyaguru appears in the form of the renunciant buddha body of emanation, with a single face and two arms, dark blue in color and endowed with all the major and minor marks, including the crown protuberance and the wheel motif on the soles of his feet. He wears the three doctrinal robes, fashioned of red silk. In the palm of his right hand, which is turned outward in the gesture of supreme generosity and represents the conferral of provisional and ultimate well-being, he holds the stem of a flourishing myrobalan plant — the universal panacea — to symbolize the fact that he protects living beings afflicted

7.10 Shenrab Miwoche, Founder of the Bon Religion. Nepal; 16th century. Pigments on cloth; 85.1 × 69.9 cm. Rubin Museum of Art. C2006.66.620 (HAR 200043)





7.11 Orgyen Menla.
Tibet; late 18th century.
Ungilded bronze;
H 15.56 cm. University
of Virginia Art Museum.
Gift of the Catherine and
Ralph Benkaim Collection.
2003.6

by the three poisons and tormented by the combined humeral disorders of wind, bile, and phlegm. His left hand is equipoised in the gesture of meditation, supporting an alms bowl that is fashioned of beryl and filled with nectar, which cures diseases, enhances longevity, prevents aging, and resuscitates the dying. Bhaiṣajyaguru's legs assume the posture of indestructible reality (*vajraparyāṅka*), as he sits upon a lotus and moon cushion. With the potential to manifest as the four emanations known as the sibling-hermit sages Vidyājñāna who transmit the *Four Tantras*, he embodies the purification of the five poisons into the five pristine cognitions.

Bhaiṣajyaguru is seated at the center of his celestial mansion within the city of medicine, Sudarśana — “Lovely to Behold,” in the wondrous “Grove of Medicines” (Bhaiṣajyavana), which is surrounded by four mountains. The outer Sudarśana refers to this geographical or emanational location where the Master of Remedies teaches medical science, while the inner Sudarśana is identified with the practitioner's actual environment, and the secret Sudarśana with the centers of spiritual energy within the practitioner's own subtle body.⁷²

At the center of Sudarśana rises a magnificent celestial palace, fashioned of gold, silver, white, and red pearls and beryl. The layout is illustrated in the first plate of *Tibetan Medical Paintings*, which represents the lineage of Desi Sangye Gyatso, and is intricately modeled on the textual description of the *Blue Beryl*, as Barbara Gerke has indicated earlier in chapter 1. The Fifth Dalai Lama, spiritual mentor of the Desi, is positioned at the head of the buddhas of medicine in the upper cartouche. The successive lineage holders depicted in the plates that follow reveal the integrated Nyingma and Gelug lineages of medical science to which both of these immense historical figures were heirs. Four other depictions of the mandala palace of the buddhas of medicine will be considered below.⁷³

This magnificent building is square in shape, with four gates and walls constructed in five bands, surmounted by decorated entablatures and coping made of precious gemstones, which, as medications, cure all of the 404 diseases caused by an imbalance of the three humors — wind, bile, and phlegm — and remove all of the 1,080 obstacles to health, fulfilling all wishes. The four great kings of the cardinal directions stand guard over the gates. Its environment is described in captions to Figures 3.1–3.4.⁷⁴

Bhaiṣajyaguru is surrounded by four groups of attendants, comprising gods of the *devaloka* (1–4), who are headed by the divine physician Prajāpatidakṣa; ascetic hermit sages of the Ayurveda tradition (5–16), who are headed by Ātreya

and Agniveśa; protector divinities of Indian origin (17–23), who are headed by Brahmā, Mahādeva, and Viṣṇu; and the principal bodhisattvas and pious attendants (24–30), who are headed by Mañjuḥśa and Ānanda, alongside the physician Jivakakumārabhṛta who cared for the Buddha and his community.⁷⁵

Having perfected this visualization, the practitioners should then visualize that the medicinal nectar they wish to consecrate and its container are set within the alms bowl of Bhaiṣajyaguru, while the hermit sages of the four peripheral assemblies utter their benedictions.

They should then recite the following: “Transcendent Lord, king of all physicians, who sustains the provisional and conclusive life force of all sentient beings, instantly dispel all diseases of the three poisons, including desire, and their results!”⁷⁶ Thereupon, blue beryl rays of light are diffused from the body of the transcendent lord Bhaiṣajyaguru, and one should pay homage with body, speech, and mind, requesting mastery over all the eighteen traditional branches of knowledge, including tantra, ritual, logic, lexicography, grammar, prosody, astrology, and philosophy, and the eight “ordinary” spiritual accomplishments, which include among them the ability to compound elixir pills that enhance the lifespan.

Then they should say:⁷⁷

In accordance with the three modes of compassion, namely compassion that refers to sentient beings, compassion that refers to the sacred doctrine, and compassion that is non-referential, we pay homage to the awareness-holders endowed with extraordinary medicine, the hermit sages who balance all the imbalanced humeral combinations of the supreme human body that living beings possess. Transforming this medicine, prepared according to the ritual, which resembles the deathless nectar that the gods extracted from the churning of the ocean, which resembles the wish-fulfilling gem that is the crown ornament of the *nāga* king, and which resembles the elixir pills of the hermit sages that enhance the lifespan, may this supreme medicine settle into the body of you, the patient!

As a result of this transformation of medicine into nectar, it is said that all of the 404 ailments arising from pathological conditions of the three humors and their combinations will be alleviated.⁷⁸ Equally, the class of obstructing demons (*bgegs*) who perpetuate the effects of past actions, accompanying any sentient being from birth to death, and the demons of imagination who are responsible for certain immediate or unexpected ailments will also be vanquished.

Bearing this in mind, the practitioners should mindfully recite: “May all these visualized objects that interrupt the lifespan and inflict diseases on the body be alleviated!”⁷⁹

The mantra of Bhaiṣajyaguru should then be recited:⁸⁰

OM NAMO BHAGAVATE BHAIṢAJYAGURU
VAIDŪRYAPRABHĀRĀJAYA
TATHĀGATĀYA ARHATE SAMYAKSAMBUDDHĀYA
TADYATHĀ OM BHAIṢAJYE BHAIṢAJYE MAHĀBHAIṢAJYE
BHAIṢAJYERĀJĀYA SAMUDGATE SVĀHĀ

May there be good auspices! Homage to the transcendent lord, *tathāgata*, arhat, genuinely perfect Buddha, Master of Remedies, King of Beryl Radiance! It is so! May there be good auspices! O Physician, physician! Great physician! King of Remedies! Genuinely Sublime One! Let this be an excellent foundation!

This incantation should be recited seven times, as the practitioners visualize that the medicine is transformed into an endless ocean of nectar. Flicking the first fruits into the sky as a divine offering, they should then make offerings to the hermit sages who are awareness holders of medical science, and afterward, placing a drop on their own tongues, they should receive the accomplishment of the rite, so that all their own ailments, demonic afflictions, and obstacles are dispelled. Then, dispensing this medicine to their patients, they should visualize that the dangers of impending death and obstacles to the lifespan are alleviated.

Endowed with such commitments, practitioners will be consecrated by pristine cognition, and their good auspices and merits will never be interrupted. It is emphasized that this consecration of medicine as nectar in a ritual and meditative context is contingent on the convergence of emptiness (*stong pa nyid*) — that is to say, on the practitioner’s proficiency in non-dual meditative experience, devoid of conceptual elaborations.

Then, placing an image of the Buddha, or relics of the Buddha, or an image of Brahmā, Indra, or the four guardian kings upon an altar in front of the patient, they should make offerings to the three precious jewels with flowers and incense. Then, invoking the names of the retainers — Brahmā, Indra, the four guardian kings, Mahādeva, the twelve *yakṣa* generals, the *yakṣa* Mahābala, the primordial bewitchers, and so forth — they should conclude with the words: “Through their power, lordship, and glory, may we become virtuous! May we be protected! May all our patients be released from all diseases! Grant that all our patients’ food, drink, and medicines be imbued with this gnostic mantra!”⁸¹

Orgyen Menla

In contrast to the foregoing rituals in which Śākyamuni manifests as Bhaiṣajyaguru and his entourage, there are also traditions within the Nyingma School that identify Bhaiṣajyaguru with the “second buddha,” Guru Padmākara, who, in this case, appears in the form Orgyen Menla (O rgyan sman bla). There are extant painted and sculpted icons depicting this form — the latter including both a splendid gilded bronze statue⁸² and an ungilded bronze (FIG. 7.11).⁸³

The following short means for attainment, composed by Dilgo Khyentse Rinpoche (1910–1991), offers a succinct and continuous daily spiritual practice (*rgyun khyer*), based on the visualized form of Orgyen Menla, which is recommended for aspiring and practicing physicians alike.⁸⁴

Visualize oneself instantly, with perfect mindfulness,
As the Master of Remedies of Oḍḍiyāna,
Dark blue in color and radiant,
Holding an alms bowl full of supreme medicine,
Wearing the secret inner robe, the outer tantric robe and
heavy cloak,
And endowed with magnificent blessings.

OM ĀḤ ḤŪṂ GURU PADMASAMBHAVA BHAIṢAJYERĀJA
SAMUDGATE SVĀHĀ

By this virtuous action, may I swiftly attain
The accomplishment of the Master of Remedies
of Oḍḍiyāna,
And then may all living beings, without exception,
Be established on his level.

The Elaborate Entourage of Bhaiṣajyaguru

Tibetan doxographers purposefully placed the two aforementioned canonical Discourses A and B on the buddhas of medicine within the *Kriyā Tantra* section of the Kangyur — akin to those tantra texts that emphasize external rites and ablutions while requiring meditators to visualize the deities externally, with themselves in a subservient role. The compilation of the Kangyur by Buton Rinchendrub (Bu ston rin chen grub, 1290–1364) coincides with this very period in which the elaborate representations of the fifty-one-deity assemblage of Bhaiṣajyaguru, well known in Chinese temple embellishment, make their appearance in Tibetan art in painted and sculpted forms. In accordance with the requirements of the tantras, Bhaiṣajyaguru is now encircled by an extensive entourage that is formally arranged.

This development can be observed in two extant fourteenth-century paintings — one that depicts the Master

7.12 Medicine Buddha Bhaiṣajyaguru with Attendant Deities and Medical Lineage Holders. Central Tibet; early 15th century. Pigments on cloth; 71 × 61 cm. Courtesy of Michael and Beata McCormick Collection, New York. HAR 68869





of Remedies with an entourage of fifty-eight figures and the other an entourage of fifty-one figures. The former, which is described in Pratapaditya Pal's *Himalaya: An Aesthetic Adventure*, exhibits Newar influence, employing intense colors and a formal stacking arrangement, with Bhaiṣajyaguru at the center — dark blue in color and clad in a bright orange-and-gold-colored robe. He is flanked by the standing attendant bodhisattvas Sūryaprabha and Candraprabha, with the seven other buddhas of medicine alongside Prajñāpāramitā and Mañjuḥṣa in the uppermost register, and the sixteen bodhisattvas arrayed below them, accompanied by miniature icons of Four-armed Avalokiteśvara and Vajrapāṇi. The ten mounted protector divinities of the ten directions, including the zenith and nadir, are stacked to the left and right, while the twelve *yakṣa* generals are positioned in two rows of seven and five below the central figure, with the four guardian kings outside them on the bottom row. A miniature icon depicting the precious Guru Padmākara also appears directly below the central image, flanked by two lions that support the throne and two other miniature icons of bodhisattva figures, suggesting a certain synergy between Orgyan Menla and Bhaiṣajyaguru. The background is intense blue in color, matching the hue of the central deity.⁸⁵

A painting with fifty-one figures, which is in the Musée Guimet and described in Beguin 1995,⁸⁶ is slightly more opaque and there is a predominance of red pigment. Here the standing attendant bodhisattvas Sūryaprabha and Candraprabha flank Bhaiṣajyaguru, with the buddhas of medicine stacked outside them to the left and right, each flanked by his own pair of attendant bodhisattvas. The four guardian kings and the protector divinities of space are aligned horizontally below the central figure, with the *yakṣa* generals and the benefactor of the painting in the guise of a ritual officiant, replete with an altar, in the lowest row. Immediately above the central figure is Prajñāpāramitā, with the early lineage holders Virūpa, Padmasambhava, Śāntarakṣita, Trisong Detsen, and Atiśa to the left and a yellow-hatted figure, possibly Lha Lama Yeshe-o or a hierarchy of Shalu, below them. To the right are prominent lay and monastic lineage holders of the Sakya tradition.

Another well-documented fifteenth-century painted scroll depicts Bhaiṣajyaguru (FIG. 7.12), dark blue in color with an orange-and-yellow patchwork robe; he dominates the canvas with his two bodhisattva attendants, while the deities of the entourage figure less prominently at the margins.⁸⁷ Once again, Prajñāpāramitā is located above the central figure, flanked in the upper register by Amitāyus and the seven other buddhas of medicine. The historical figures

encircling Bhaiṣajyaguru illustrate how Śāntarakṣita's royal lineage, represented by a series of nine kingly figures, came to be maintained within the Gelugpa tradition established by Tsongkhapa Lozang Drakpa, the founder of Ganden (upper-left circle) and Jamchen Choje Shākya Yeshe, the founder of Sera (upper-right circle).

Ten of the fourteen bodhisattvas, to whose number the central bodhisattva attendants should be added, are vertically stacked on the left and right margins, with the remaining four alongside Amitāyus and the buddhas of medicine in the uppermost register (FIG. 7.12). The peripheral entourage comprising the twelve *yakṣa* generals, the ten protective divinities of space, and the four guardian kings are arrayed in the lower registers of the painting. Unusually, Green Tārā is prominently depicted here below the throne of Bhaiṣajyaguru, encircled by her eight aspects, who ward off the fears of lions, elephants, snakes, ghosts, fire, water, false imprisonment, and robbers. The assemblage is also augmented in the lowest register by Gelugpa protector deities: Six-armed Mahākāla, Vaiśravaṇa, Vasudhara, and Dharmarāja, the first of whom appears alongside the benefactor, in the guise of a ritual officiant.

MANDALA PAINTINGS AND STATUES OF THE BUDDHAS OF MEDICINE Sometimes Bhaiṣajyaguru may even appear subsidiary to the central form of the female deity Prajñāpāramitā, echoing Śāntarakṣita's remark (see Appendix 7.1) that the *Transcendent Perfection of Discriminative Awareness*, which she embodies, should be recited along with Discourse A. This prominence of Prajñāpāramitā features in at least two of the painted scrolls at the Rubin Museum of Art, one from the fifteenth century and of Tibetan provenance, another from Bhutan and produced in the nineteenth century. Here the deities are contextualized in the form of a mandala, replete with celestial palace (*gzhal yas khang*), and are not simply presented as an assemblage (*lha tshogs*).

The first (FIG. 7.13), with a predominance of red pigment, depicts the orange-colored four-armed female deity Prajñāpāramitā at the center, her central pair of hands in the gesture of teaching and the other pair holding a book (left) and a *vajra* (right). Surrounding her within the palace are an inner ring comprising the eight buddhas of medicine and an outer ring formed of the sixteen bodhisattvas. In the four corners of the palace there are four offering goddesses, each depicted alongside two of the eight auspicious symbols (*bkra shis rtags brgyad*), which comprise the motifs of the eternal knot, the lotus, the umbrella, the conch, the wheel, the victory banner, the vase, and the golden fish. Twenty-nine deities forming the entourage are aligned in the corridors — eight in the east and seven in each of the

7.13 Prajñāpāramitā in Lieu of Bhaiṣajyaguru with Entourage. Tibet; 15th century. Pigments on cloth; 52.1 × 45.7 cm. Rubin Museum of Art. C2006.66.443 (HAR 902)

other cardinal directions. Four gatekeepers are positioned within the four gates. Outside the protective circle of this celestial palace, in the four peripheral sectors, the thirty-five confession buddhas are arrayed, along with symbols representing the seven near-precious things (*nye ba'i rin chen bdun*), namely the sword, hide, mattress, forest, house, bed, and shoes, while the aforementioned seven insignia of royal dominion are all arrayed in the penultimate register on the eastern (lower) side. The uppermost and lowest registers each depict fifteen lineage holders, commencing with Śākyamuni and the buddhas of medicine, but most of these figures are hard to identify individually.

The second mandala painting has fewer figures and a fascinating background composition. At the center, within the celestial palace, Prajñāpāramitā is represented by a volume of her own sutra, encircled by the eight buddhas of medicine and the sixteen bodhisattvas. Twenty-four peripheral deities are aligned in the corridors, eight in the east and west and four in the north and south. Four gatekeepers are positioned within the gates. Outside the walls of the palace there is a verdant landscape with Amitāyus prominent in the west (top) and divine attendants depicted in a narrative context. The uppermost register illustrates nine lineage holders, possibly commencing with Śāntarakṣita and Trisong Detsen, while the lowermost register depicts Mount Sumeru surrounded by the seven oceans.

Jamyang Loter Wangpo's distinctly nonsectarian, Sakya-inspired compilation of mandalas according to the four classes of the tantras is entitled *Compendium of All the Tantras* (*Rgyud sde kun btus*). It was created between 1870 and 1894 and firmly establishes the relationship between Discourse A and the extensive mandala of fifty-one deities forming the elaborate assemblage of the buddhas of medicine. He counts this assemblage as the third in a series of 139 mandalas, which are all illustrated in the Ngor Collection, a series of paintings at Ngor Monastery in Tibet (for full identification and description, see Appendix 7.3).⁸⁸

Finally, an incomplete set of sculpted figures of Chinese provenance is preserved in the State Hermitage Museum in St. Petersburg in the Prince Ukhtomsky Collection (FIG. 7.14). The set includes forty-nine of these icons, although the iconography appears to be somewhat inconsistent with the descriptions found in Jamyang Loter Wangpo's *Compendium of All the Tantras*.⁸⁹

Empowerment Rites According to the *Yuthog Heart Essence*

The elaborate composition of the fifty-one-deity mandala of Bhaiṣajyaguru is indicative of the systematization of the

buddhas of medicine within the context of the meditative path of the Tantras. This pertains to the generation and perfection stages of meditation that Buddhist practitioners would pursue, after a bona fide master has performed an appropriate empowerment rite (*dbang chog*).

Distinct from permission rituals and means for attainment, empowerments (*abhiṣeka*, *dbang bskur*) are performed by accomplished spiritual teachers or lineage-holders and serve to initiate the practitioner into a series of spiritual practices according to the mandalas of the diverse tantra texts. The meditative processes of the empowerment ritual are intended to activate the potentials inherent within the body, speech, and mind of the trainee, in other words, to awaken the seed of the natural ability to engage in the practice. Such empowerment ceremonies are an essential prerequisite for the practice of Tantra. In the course of the ceremony, sacraments will be offered to the recipients, some of which will be consumed or held, and others placed on the head, throat, or heart.

Within the Nyingma tradition, in particular, the revelations entitled *Yuthog Heart Essence* offer unique access to the integrated spiritual path within the context of a medical lineage — combining rituals, burnt-offerings rites,⁹⁰ and the means for attainment of Bhaiṣajyaguru, with the advanced meditative techniques of the generation and perfection stages. This cycle has been mentioned by Frances Garrett (chapter 9). Here, Bhaiṣajyaguru appears in the form of Aśvottamalīla — an aspect of the horse-headed meditational deity Hayagrīva, in union with the female consort Vajravārāhī. This figure is illustrated, along with the related deities of the cycle in the uppermost cartouche of Plate 12 of the Tibetan medical paintings.⁹¹

The lineage of this teaching derives from the experiential teachings of Yuthog Yonten Gonpo (FIG. 7.15), who is said to have received them directly from Bhaiṣajyaguru in a pure vision, and also from Guru Padmākara and Khandro Palden Trengwa. He in turn imparted these instructions to his biographer, Sumton Yeshe Sung of Nyemo.⁹² Parts of the *Yuthog Heart Essence* are contained in the nineteenth-century anthology of spiritual revelations entitled *Store of Precious Treasures* (*Rin chen gter mdzod*, vol. 45).⁹³

The second chapter of *Yuthog Heart Essence* comprises the Nectar Stream of Empowerment Ritual,⁹⁴ through which this system is introduced to novice practitioners. The intricate ritual has five steps, commencing with the supreme basic empowerment (*rtsa ba mchog dbang*).⁹⁵ This details the preparation of ritual implements for the empowerment ceremony, the sequence of the procedures to be followed when the spiritual master meditatively masters the empower-

7.14 Kimbhīra. The foremost of the twelve yakṣa generals in the east of the mandala, holding a mongoose and a vajra. Sino-Tibetan style, China; mid-18th century. Brass; H 14–16 cm. The State Hermitage Museum, St. Petersburg. Prince Ukhtomsky Collection





7.15 Yuthog Yonten Gonpo the Younger (center) presented as a human reincarnation of Medicine Buddha Bhaisajyaguru (above). Tibet; 17th century. Pigments on cloth; 72.5 × 48.5 cm. Private Collection, Belgium

Yuthog the Younger is considered by many the author of the medical classic *Four Tantras* and the revealer of the *Heart Essence of Yuthogpa*, a religio-medical text. He is here flanked by the gatekeepers Hayagriva and Vajrapāṇi, and surrounded by offering goddesses, with antecedent lineage holders above and protector deities below.

7.16 A scene from the empowerment ceremony of the *Heart Essence of Yuthogpa*, conferred by Chokling Rinpoche in Nepal, 2011



ment, and the induction of the students into the mandala. There then follows the actual conferral of the outer, inner, and secret empowerments (*phyi nang gsang dbang*); the empowerment of discriminative awareness (*shes rab ye shes kyi dbang*); the empowerment of primordial awareness (*rig pa ye shes kyi dbang*); and the empowerment of real nature concerning view, meditation, fruit, and conduct (*de kho na nyid lta sgom spyod bzhi'i dbang*). Together these form the gateway to the whole gradation of Buddhist spiritual practices, extending from the lower Tantras to the higher Tantras and the Great Perfection. An extensive outline of the stages of this empowerment ritual can be found in Appendix 7.4.

Having received all these empowerments (FIG. 7.16), the practitioner — lay or monastic — is then eligible to be instructed in the nuances of the meditative practices and medicinal rites pertaining to the *Yuthog Heart Essence*.

Although they are markedly different in content and style, we can see that the aforementioned canonical discourses, permission rituals, and means for attainment, alongside the commentarial tradition of the *Four Tantras* and the empower-

ment rites of the *Yuthog Heart Essence*, are all grounded in the compassionate aspirations of Bhaiṣajyaguru, the King of Beryl Radiance, and his entourage, in whom physicians and patients, the needy and the destitute, even now seek refuge, throughout the Mahāyāna world.

Training of a Physician

It would be remiss not to emphasize that, whether physicians engage in this meditative self-identification with Bhaiṣajyaguru and his retinue, they will spend many years engaged in the study of medical theory and practice. They are advised to develop dexterity of body, speech, and mind — in the application of therapeutic techniques, in confident and reassuring communication with the patient, and in knowledge of diagnosis and treatment. The essence of a true physician is to know correctly all diseases and their antidotes, and the definition of a true physician is one who heals all pain and practices medicine to promote good health. Doctors are of three types: unsurpassable, special, and ordinary. The unsurpassable doctors are the buddhas of medicine, who are supreme among all physicians since they alleviate all pain and all diseases. Special doctors are the great medical authorities of the past, such as Caraka, whereas ordinary doctors comprise those who are the products of an authentic medical lineage and those who are not but nonetheless have studied or practiced medicine.⁹⁶ Great pains are taken to differentiate between authentic and charlatan physicians.⁹⁷ Bona fide doctors should constantly persevere in their own medical studies and in attending to patients. Furthermore, they should learn to differentiate the short- and the long-term goals of the mundane and supramundane doctrines and at all times act with compassion when treating the poor and the destitute. On the basis of these conditions, it is said that a doctor will acquire fame in this life and achieve all objectives — be they spiritual or material.

Chapter 8

The Origins of the *Four Tantras* and an Account of Its Author, Yuthog Yonten Gonpo

Yang Ga



Sowa Rigpa (Gso ba rig pa), the Tibetan “science” or “wisdom,” of healing, was for a long time the main medical resource for Tibetan populations. It has also been practiced in other Himalayan regions, including modern northern India, Nepal, and Bhutan, as well as in what is today Inner Mongolia, the Republic of Mongolia, and Buryatia, where it served a similar function. One of the core texts of Sowa Rigpa found across the Himalayas, in Tibetan areas and beyond, is the *Gyushi*, or *Four Tantras*. The structure of this text, the way it is learned, and its role in contemporary medical practice are introduced in chapter 1, and discussions of the work surface throughout this publication. In this essay, I will discuss two main topics related to this four-volume work: its authorship and sources and the life and medical career of Yuthog Yonten Gonpo (12th century), who has been called the “father of Tibetan medicine” (FIG. 8.1).

The *Four Tantras* is the most important classical Tibetan medical text and teaching manual for Sowa Rigpa practitioners, who are known as *amchi*, *menpa*, or *drungtsho*. The *Four Tantras* comprises 156 chapters, which are contained in four separate treatises, of which a widely used print edition and two beautiful manuscripts are depicted in Figures 8.2–8.5 and 1.2.

The origins of the *Four Tantras* have been an important subject of debate among Tibetan scholars for several centuries, particularly from the fourteenth through the sixteenth century. The debate has focused primarily on the question of whether the text is genuinely the “word of the Buddha,” or if it is a later composition by a historically verifiable Tibetan scholar. A few Tibetan scholars have considered the work to be the translation of a Chinese medical text, and some scholars of the Bon religion believe that it was copied from the *Bumshi*, a parallel medical work preserved in Bon tradition (see FIG. 7.9). However, these last two opinions are not highly regarded in certain Tibetan intellectual circles.

Debating the Origins of the *Gyushi* in Tibet

A debate about the origin of the *Four Tantras* can be found in the writings of scholars as early as the twelfth and thirteenth centuries. In *Effortless Accomplishment of the Five Bodies*, the Tibetan scholar Sumton Yeshe Sung, a direct disciple of Yuthog Yonten Gonpo, claimed that the *Four Tantras* was a teaching based on an emanation of the Medicine Buddha, or Sangye Menlha (Skt. Bhaisajyaguru).¹ According to Sumton’s account, the *Gyushi* was taught by Vidyājñāna (Rigpa Yeshe; see FIG. 8.3) in Uddiyāna, an area corresponding to the Swat Valley in today’s northern Pakistan. After this initial teaching, the text was transmitted through many Indian physicians, until the eighth century, when Vairocana received the text from

Candrananda (short version of Candranandana) of Kashmir. Vairocana then went to Tibet and offered the text to the Tibetan emperor Trisong Detsen (742–797), who concealed it inside a pillar at Samye Monastery in order to save human life in the future. After 150 years, in the eleventh century, Drapa Ngonshe (see FIG. 8.4) took it from the pillar, and through Upa Dardrak, another eleventh-century scholar, and Totonon Konchok Kyap, who lived in the early twelfth century, the text finally came into the hands of a physician and scholar named Yuthog Yonten Gonpo,² as I will discuss below.³

In *Effortless Accomplishment of the Five Bodies*, Sumton Yeshe Sung, as a junior disciple of Yuthog Yonten Gonpo, fervently criticizes many senior disciples of Yuthog Yonten Gonpo, including Yuthog’s own sons and sons-in-law.⁴ Sumton then goes on to claim not only that he himself had received the teaching of the *Four Tantras* from Yuthog, who had been his master, but also that he was the only person to have received the text from Yuthog.⁵ Since Sumton is considered to have been the one who publicized the existence and contents of the *Four Tantras* such a statement must have been a concern for other physicians who questioned his version of the work’s origin, especially some of Yuthog’s other senior disciples. It may have been that this very argument between the direct disciples of Yuthog led to the formation of two different accounts relating to the origin of the *Gyushi*.⁶

The debate over that origin came to a head between the fourteenth and sixteenth centuries, when two important medical traditions were formed in central Tibet. Like the disciples of Yuthog Yonten Gonpo, one group tried to prove that the *Gyushi* was a canonical work originating in the teachings of the Medicine Buddha (through Vidyājñāna); the other group rejected that thesis and tried to prove that the *Gyushi* was composed by a Tibetan scholar. By and large, these were positions held by the exponents of the two medical schools of Jang (Byang) and Zur. In order to accommodate both positions, some scholars tried to find a neutral point of view.

Jangpa Namgyal Trakzang (1395–1465), the founder of the Jang medical tradition, was an important representative of the group that believed the *Four Tantras* was taught by an emanation of the Medicine Buddha, himself an emanation of the Buddha. Jangpa claimed that the text was the “word of the Buddha” and criticized scholars who maintained that it was composed by a Tibetan scholar.⁷ Most physicians belonging to the Jang tradition adopted this position. Jangpa Tashi Palsang, a famous fifteenth-century physician in the Jang tradition, claimed that there were two lines of transmission. In his well-known history of medicine, he wrote that Prince Mutri Tsenpo received the teaching of the *Four Tantras*

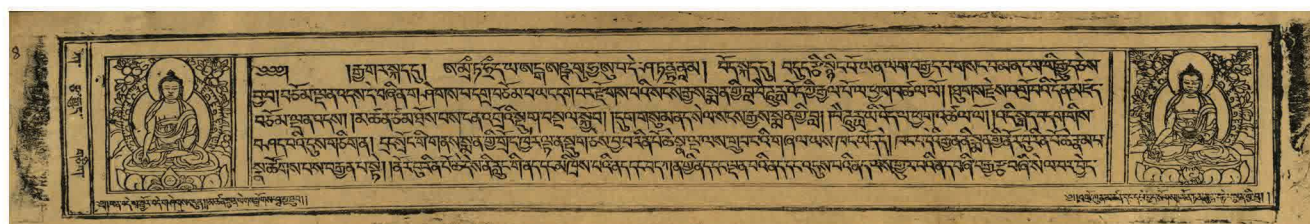
Herbal Medicines (II) from Jampal Dorje’s *Beautiful Marvelous Eye Ornament*, Mongolia; 19th century. Part II, folio 22 verso & 23 recto. Reprinted in Śatapitaka Series (Vol. 82), New Delhi, International Academy of Indian Culture, 1971. Tibetan Buddhist Resource Center. W30452



8.1 Yuthog Yonten Gonpo. Tibet; 17th century. Pigments on cloth; 57.5 x 39 cm. Rubin Museum of Art. C2006.66.176 (HAR 185)

Yuthog Yonten Gonpo, the “father of Tibetan medicine,” stretches his right arm forward across the knee in a gesture of generosity, while holding the stem of a pink lotus flower blossoming over the shoulder supporting the wisdom book and sword. The left hand is placed at the heart, holding the stem of another lotus, blossoming over the left shoulder, supporting a gold vajra and medicinal nectar vase topped with precious jewels.

8.2 First folio of the third volume of the *Four Tantras*, the *Oral Instructions Tantra*, from the Chagpori woodblocks of 1952. Lhasa, central Tibet; early 20th century. Ink on paper; H 1.9 × W 5 × D 58.4 cm. Tibetan Buddhist Resource Center. W1KG13115



from Padmasambhava in the eighth century and transmitted the text to the descendants of the Tibetan emperors through a single lineage, which he called *kama lug* (*bka' ma*), or the “open kama tradition.” The other line of transmission he called the *terma lug* (*gter ma*), or “hidden treasure tradition,” which he described, just as Sumton Yeshe Sung had done, by affirming that the emperor Trisong Detsen had concealed the work in the eighth century and that it was unearthed by Drapa Ngonshe 150 years later.⁸ It is clear that Jangpa Tashi Palsang not only claimed that the *Four Tantras* was “word of the Buddha,” but he also argued that the Jangpa’s family lineage constituted that of direct descendants of the Tibetan kings, who transmitted the authentic teaching of the *Four Tantras*, which had been offered to the Tibetan emperor by Vairocana in the eighth century. This claim added another dimension to what his predecessor Jangpa Namgyal Drakzang had maintained.

Many famous Tibetan scholars, including Chomden Raldri (1227–1305), Bodong Panchen (1376–1451), Taktsang Lotsawa (1405–1477), and Panchen Shakya Chokden (1428–1507), did not accept Sumton’s claim and did not believe that the *Four Tantras* was taught by an emanation of the Medicine Buddha. These scholars realized that many foods, plants, and articles mentioned in the *Four Tantras* are available only in Tibetan regions, which would exclude the option that the text had come from India. They also noticed that Chinese astrology and Bon rituals are mentioned. For these reasons, therefore, they believed that the *Four Tantras* was the work of a Tibetan scholar and not a composition from India or the Buddha.⁹

Scholars who believed that the *Gyushi* was written in Tibet, however, held different opinions as to who was the actual author. We can find different accounts of the authorship of the *Four Tantras* in the writings of the scholar and physician Zurkhar Lodro Gyelpo (1509–?), in which some scholars are said to have thought that Padmasambhava composed the *Four Tantras*, although others maintained that he wrote it together with Candrananda and Vairocana in the eighth century.¹⁰ Some scholars have asserted that the author of the text was Vairocana,¹¹ but others believed that Drapa Ngonshe, Upa Dardrak, and Totonon Konchok Kyap worked

together to compose the *Four Tantras* in the twelfth century.¹² Still other scholars believed that it was composed by Totonon Konchok Kyap and Yuthog Yonten Gonpo together,¹³ but Zurkhar concluded that many scholars thought Yuthog Yonten Gonpo was the sole author.¹⁴

Bodong Panchen, for instance, the great polymath of Tibet, wrote that the *Four Tantras* was composed by Yuthog Yonten Gonpo and Sumton Yeshe Sung working together.¹⁵ Taktsang Lotsawa wrote that Yuthog and other Tibetan physicians composed the *Four Tantras*, but he asserted that much of the *Root Tantra*, *Explanatory Tantra*, and *Instructional Tantra* — three of the *Four Tantras* — was based on the Indian-derived *The Heart of Medicine* (Skt. *Aṣṭāṅgahridayasamhitā*; Tibetan: Yan lag brgyad pa).¹⁶ Another famous historian, Pawo Tsuklag Trengwa (1504–1564/6), believed that Yuthog was the sole author of the *Four Tantras*.¹⁷

Some scholars have tried to take a neutral position in order to accommodate both claims of human and divine origin of the *Four Tantras*. Zurkhar Lodro Gyelpo and Sogdogpa Lodro Gyaltsen (1552–1624), a famous Tibetan physician and Tantric master, agreed that the text was the composition of Yuthog Yonten Gonpo, but they did not deny that the text was the word of the Buddha. Zurkhar discussed this topic in terms of its outer, inner, and secret aspects. He proposed that the *Four Tantras* was the word of the Buddha, from the “outer” perspective; that it was a composition of a *pandita* (or Indian scholar), from the “inner” perspective; and that the text was composed by Yuthog Yonten Gonpo, from the “secret” perspective.¹⁸ I believe Zurkhar Lodro Gyalpo was suggesting that the works of an enlightened Tibetan master could be considered the word of the Buddha based on their content, and he tried to prove that the two theses do not really contradict each other, that the *Four Tantras* was composed by Yuthog Yonten Gonpo in the twelfth century but was equivalent to the word of the Buddha.¹⁹

Sogdogpa Lodro Gyaltsen wrote that the Medicine Buddha originally taught the *Four Tantras* in a place called Tanadug and that Yuthog Yonten Gonpo, as an incarnation of the Medicine Buddha, recalled his own teaching of the *Four Tantras* and wrote down the text for Tibetan people. Based on this, according to Sogdogpa Lodro Gyaltsen, the *Four*



8.3 First folio of an illuminated manuscript of the *Instructional Tantra*, third volume of the *Four Tantras*. Tibet; date unconfirmed. Ink and watercolor on paper; 53.5 × 9 cm. Property of the Staatsbibliothek zu Berlin — Preussischer Kulturbesitz, Orientabteilung, Waddell 127, Folio 1 verso

To the left is Sage Rigpa Yeshe (Vidyājñāna), who many Tibetan physicians think taught the *Four Tantras* in a manifestation of the Medicine Buddha. To the right is the Tibetan monk Drapa Ngonshe, who according to the treasure tradition later revealed the *Four Tantras* text in Samye Monastery. [For detail, see Fig. 9.1.]

Tantras can be considered the word of the Buddha.²⁰ Clearly Zurkharwa and Sogdogpa's views on this topic were very different from that of the Jang tradition.

Generally speaking, the Jang tradition considers the *Four Tantras* to be the word of the Buddha, whereas the Zur tradition views it as the work of Yuthog. We can see in this debate that the “word of the Buddha theory” is also complex, as in the end this does not necessarily refer to the words of either the historical Buddha Śākyamuni or his manifestation as the Medicine Buddha. We can say that in some ways both Jang and Zur traditions found a way to accept the ultimate source of the *Four Tantras* as the word of the Buddha, but they used that designation in different ways. For the Zur tradition, it amounted to ascribing the authorship of the work to a man named Yuthog Yonten Gonpo.

Desi Sangye Gyatso (1653–1705), regent to the Fifth Dalai Lama Lozang Gyatso and great scholar on the Tibetan sciences (see chapter 10), incorporated part of Yuthog's life story into his famous text on the history of Tibetan medicine, the *Mirror of Beryl* (FIG. 8.6). In this work Sangye Gyatso wrote that when Yuthog Yonten Gonpo the Elder (whom we will discuss at the end of this chapter) and Vairocana met at the border between Nepal and India in the eighth century, Yuthog asked Vairocana to conceal the *Four Tantras* until he returned to Tibet.²¹ However, Sangye Gyatso did not indicate whether Yuthog the Elder had actually received the *Four Tantras*. Sangye Gyatso also maintained that the scholar whom he called Yuthog Yonten Gonpo the Younger added some new data to the *Four Tantras* in the twelfth century.²² After Sangye Gyatso's time, it is difficult to find any major historical account that challenges this position, but another view is represented by the famous eighteenth-century Tibetan historian and Buddhist master Thubken Lozang Chokyi Nyima (Thu'u bkwan Blo bzang chos kyi nyi ma; 1737–1802), who claimed that the *Four Tantras* originally came from China.²³

We should also note that Bon practitioners and some scholars from the Nyingma School of Tibetan Buddhism have identified Kutsa Da Od (Khu tsa zla 'od)²⁴ as Yuthog Yonten Gonpo and they believe he was the one to have rediscovered the *Four Tantras*.²⁵ Thus we can see that in Bon tradition there

was also an attempt to reckon with the authorship of the *Four Tantras*. Efforts were made to claim that the original teaching of the *Four Tantras* was a revelation of Tonpa Shenrab, the founder of Bon religion (see FIG. 7.10). In this view later *terma* discoveries of works can be understood as facilitating the *Bumshi* transition to the *Four Tantras* and into a Buddhist work, followed by the transmission to Yuthog Yonten Gonpo in the twelfth century.

As noted above, the Bon version of these debates was not accepted by most Tibetan medical writers, with the exception of some Bon physicians, whose claim that the *Four Tantras* was originally a teaching of the founder of Bon seems to me to have served primarily to support Bon polemical purposes.

Debating the Origins of the *Gyushi* in the West

In 1835 Alexander Csoma de Körös alerted Western audiences for the first time to the existence of the *Four Tantras*.²⁶ Since he published this first study, many non-Tibetan scholars have paid a good deal of attention to the work. Some have argued that the *Four Tantras* was translated from Sanskrit into Tibetan, but more recently most have come to agree that it was composed by a Tibetan author, namely Yuthog Yonten Gonpo. De Körös wrote that Vairocana translated the *Four Tantras* from Sanskrit into Tibetan during the eighth or ninth century, when Yuthog Yonten Gonpo the Elder received the text. Then it was hidden and later came into the hands of Yuthog Yonten Gonpo the Younger, a descendant of Yuthog the Elder, and he improved upon and propagated the text.²⁷

Ever since Rechung Rinpoche translated the Tibetan biography of Yuthog Yonten Gonpo the Elder into English in 1973, the story of his connection with the *Four Tantras* has become well known to Western audiences.²⁸ Even some serious scholars consider this biography of the Elder to be a reliable source for Tibetan medical history.²⁹ Other scholars, however, have asserted that the *Four Tantras* is a translation of an Indian medical text. Lokesh Chandra, for instance, maintained that the *Four Tantras* was an Indian medical text written by Candranandana³⁰ and was translated into Tibetan in the eighth century,³¹ although he has not provided any

8.4 Last folio of an illuminated manuscript of the *Instructional Tantra*, third volume of the *Four Tantras*. Tibet; date unconfirmed. Ink and watercolor on paper; 53.5×9 cm. Property of the Staatsbibliothek zu Berlin — Preussischer Kulturbesitz, Orientabteilung. Waddell 127, Folio 236 recto

To the left we tentatively identify a depiction of Dagpo Lhaje ("physician from Dagpo," alias Gampopa, 1079–1153) and to the right the drawing is identified in the Tibetan caption below as Chokyong Ponsam (Chos skyong dpon bsam).



evidence for this claim. Bhagwan Dash, an influential expert on Ayurveda and Tibetan medicine in India, also believes that the *Four Tantras* is a translation of an original Indian medical text, an opinion based on his having examined only that part of the work most dependent on the Ayurvedic text *The Heart of Medicine*,³² a text which, according to Dominik Wujastyk, a historian of Indian medicine, is the "greatest synthesis of Indian medicine ever produced."³³ This text is attributed to Vagbatha and roughly dated to 600 CE, becoming extant and widespread in Tibetan translations from the eleventh century. Nonetheless, many recent scholars, including some Tibetans, have accepted Bhagwan Dash's assessment.

Ronald E. Emmerick, a historian of Indian civilizations and medicine, translated several chapters of the *Four Tantras* from Tibetan into English and undertook an extensive comparative study of the *Four Tantras* and *The Heart of Medicine*. He found that many passages in the *Four Tantras* are similar to passages in the Tibetan translation of the latter, and he also discovered that elements of Chinese medicine had been incorporated into the *Four Tantras*. As a result, he did not think that the *Four Tantras* was a translation of a Sanskrit medical work but asserted that the *Four Tantras* was a composite work.³⁴

Early in the twentieth century, Russian scholars began to work on translations of the *Four Tantras*, which also existed in Mongolian translation, as Sowa Rigpa from the eighteenth century spread from central and eastern Tibet to Buryatia and Mongolia. The first and second volumes of the *Four Tantras* were then translated from Mongolian into Russian first by Pyotr Aleksandrovich Badmayev in 1903 and then by Alexander Pozdnev in 1908.³⁵ Dambo Ulyanov also translated the first volume into Russian, which was published in 1901 and in 1903.³⁶

Debating the Origins of the *Gyushi* among Contemporary Tibetan Physicians and Historians

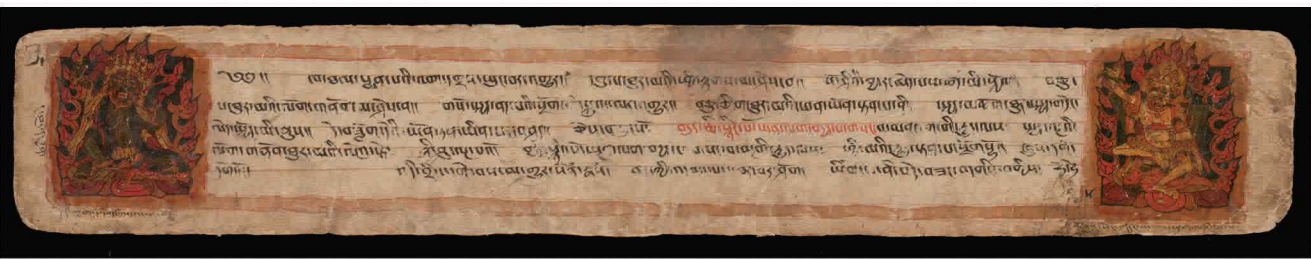
The origin of the *Gyushi* is still a topic of heated debate among contemporary Tibetan scholars and physicians, whose positions I will discuss briefly here. Most modern Tibetan scholars have tried to prove that the *Four Tantras* was written

in the eighth century by a Tibetan physician, Yuthog Yonten Gonpo the Elder. According to Jampa Trinle and Thubten Tshering, Yuthog the Elder composed the first version of the *Four Tantras* based on indigenous medical traditions together with medical knowledge from India, Nepal, Kashmir, Khrom, and China.³⁷ Jampa Trinle repeated this thesis in his own book, entitled *China's Tibetan Medicine*.³⁸ My former professor, the great scholar-physician and Rinpoche, Troru Tsenam (Khro ru tshe nam, 1926–2004),³⁹ on the other hand, believed that Yuthog the Elder composed a so-called *Short Treatise* (*Rgyud chung*) based on a combination of medical instruction by Candrananda of Kashmir and his own knowledge of indigenous medical traditions.⁴⁰ Then the *Short Treatise* was concealed inside a pillar at Samye Monastery by order of the emperor Trisong Detsen. Troru Tsenam maintained that Yuthog the Younger then composed the *Four Tantras* based on this shorter text, as well as on his own medical experience as transmitted via his family lineage. He also asserted that Yuthog the Younger had a vision of the Medicine Buddha when he began to compose the treatise.⁴¹

Troru Tsenam, however, recognized that it was not plausible to claim that the *Four Tantras* was composed by an eighth-century scholar. There is simply too much evidence that the *Four Tantras* was composed on the basis of a Tibetan translation of *The Heart of Medicine*, which was made in the eleventh century and left such significant traces in the *Four Tantras*.

As to my own interpretation of the various statements and positions of modern Tibetan physicians, I think these are not necessarily their personal convictions based on historical research, but that they seem primarily interested in making the history of the *Four Tantras* stretch back as far as possible, since that would make the knowledge contained therein seem more legitimate.

Some modern Tibetan scholars and doctors who are followers of the Bon religion claim that Tonpa Shenrab, the founder of Bon, taught the text called *Bumshi* to his eldest son, Chebu Trishe (Dpyad bu Khri shes), in the fifth century BCE in the Shangshung Kingdom, and they maintain that the *Four Tantras* was then copied from this text.⁴²



8.5 Last Folio of an illuminated manuscript of the of the *Last Tantra*, fourth volume of the *Four Tantras*. Tibet; date unconfirmed. Ink and watercolor on paper; 53.5 × 9 cm. Property of the Staatsbibliothek zu Berlin — Preussischer Kulturbesitz, Orientabteilung, Waddell 128, 57 recto

To the left is a fierce protector and to the right Singhamukha, the Lion-headed Goddess of the Lotus family.

As numerous Tibetan scholars have observed, many foods, plants, and items mentioned in the *Four Tantras* are available only in Tibetan regions. In addition Chinese astrology and Bon rituals can also be found in the *Four Tantras*. For these reasons, it is difficult to believe that the *Four Tantras* is entirely a translation of a Sanskrit medical text, whether it was taught by the Buddha or composed by an Indian scholar. Instead, we have good reason to think that the text is in fact the composition of a historical Tibetan scholar. Since the contents of many chapters in the *Four Tantras* are directly or indirectly derived from *The Heart of Medicine*, it is difficult to prove that the author of the text could be an eighth-century physician, such as Padmasambhava, Vairocana, or Yuthog Yonten Gonpo the Elder. Indeed, there is no strong evidence to prove that Yuthog the Elder is the primary author of the *Four Tantras*.

The *Four Tantras* is presented in its very first chapter as a teaching by the Medicine Buddha's manifestation as Vidyājñāna (Rigpa Yeshe), and we otherwise have only few explicit statements, attributable to Yuthog Yonten Gonpo, that claim his own authorship of the text. However, in the history section of one of his other works, the *Yuthog Heart Essence*, he expressly indicates that the *Four Tantras* was his own composition.⁴³ Furthermore, Sumton Yeshe Sung, Yuthog's direct disciple, wrote that to him "it seems that the learned scholar Yuthog Yonten Gonpo is Vidyājñāna," and that "[I] am Manasija."⁴⁴ In the *Four Tantras*' own framework, Vidyājñāna taught the *Gyushi* at the request of Manasija, his disciple, and the whole work was framed as a dialogue between these two (for details, see chapter 1 and FIG. 1.2).

All of this evidence suggests that Yuthog Yonten Gonpo, who is labeled by some "the Younger" and who lived in the twelfth century, was the primary author of the *Four Tantras* and, furthermore, his disciple Sumton Yeshe Sung was the one responsible for obtaining it and later editing it.

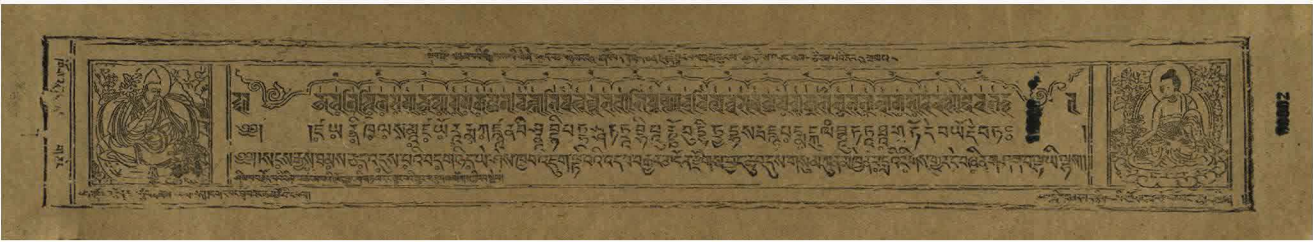
Gyushi Sources and an Introduction to Early Tibetan Medical Works

What then were the sources available to Yuthog Yonten Gonpo when he composed the *Four Tantras*? Tibetan medical

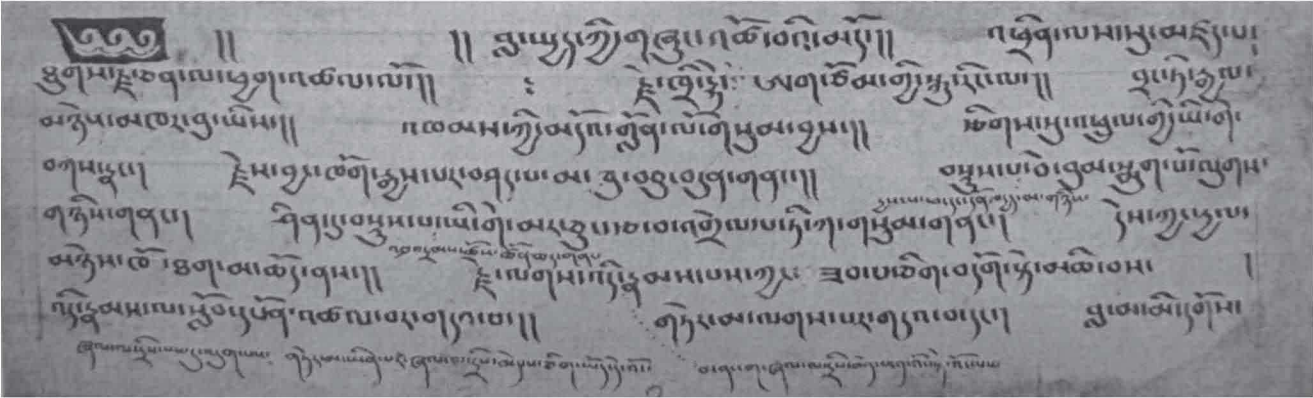
historians mention the names of several medical texts that were composed or translated during the reign of Songtsen Gampo in the seventh century, but so far none of those texts is known to exist today. Several key works mentioned in historical accounts and associated with the later Tibetan rulers, such as Tride Tsugtsan (704–754) and Trisong Detsen of the eighth century, are still extant (although in later editions) and have recently been re-identified, in some cases published in modern editions. Most of these early medical texts were composed or translated before or by the eleventh century, and although we are unable to date them definitively, there is good reason to believe that they were created as early as the eighth century. I believe these texts and the eleventh-century translation of *The Heart of Medicine* are the two main sources for the text of the *Four Tantras*, which I shall address now. Let us begin with three important early medical works that have had significant influence on the formation of the *Four Tantras*: *Explicit Treatise*, *Yellow-edged Volume*, and *King of the Moon*.

THE EXPLICIT TREATISE The most important early medical work from Tibet currently known to us is the *Explicit Treatise*, whose full title, *Brilliant Lamp Explicit Treatise on the Treatment of Abdominal Wounds*, alludes more fully to its content. I was able to photocopy a manuscript of the *Explicit Treatise* at the Troru Monastery, located in modern Joda County ('Jo mda'), Tibet Autonomous Region. This manuscript has twenty-eight folios, and each side contains seven lines (FIG. 8.7). The text is written in Tibetan cursive (*umed*) script, which is quite legible. We have no evidence that this work was ever reproduced in a block-printed version, indicating that the text was probably not available to most Tibetan physicians or scholars until recently.⁴⁵ The first chapter of the treatise provides a brief history of its own origins, asserting that when, in the eighth century, Drangti Gyalpe Kharphuk (Brang ti Rgyal mnyes mkhar phug) completed three years as a governor of eastern Tibet, the emperor, Tride Tsugtsan, gave him *Commentary of the Explicit Treatise* as a reward. However, the treatise goes on to say that the governor was not satisfied with those texts and asked Tride Tsugtsan to give him a

8.6 An 18th century print edition of Desi Sangye Gyatso's *Mirror of Beryl* (*Gso rig sman gyi khog 'bugs*). Lhasa zhol par khang; written in 1704. Ink on paper; 293 ff, H 5×W 10.2×D 57.2 cm. Tibetan Buddhist Resource Center. W4CZ16922



8.7 First page of a manuscript of the work *Brilliant Lamp Explicit Treatise on the Treatment of Abdominal Wounds* by Yuthog Yonten Gonpo. Central Tibet; probably 13th century. Red and black ink on paper; size unconfirmed. Troru Monastery, Joda County, Tibet Autonomous Region



This is folio 1 (verso) of one of the earliest Tibetan medical texts currently known. Between and below some of the seven lines of each folio, there are small annotations.

more comprehensive text that would not require study with a teacher. The emperor finally agreed to give Drangti Gyalpe Kharphuk two more texts, both of which carried the general term *Explicit Treatise* in their titles: *Brilliant Lamp Explicit Treatise on the Treatment of Abdominal Wounds* and *Magic Mirror Explicit Treatise on the Treatment of Abdominal Wounds*. The former is about treatment of wounds in the upper part of the abdomen, and the latter is about treatment of wounds in the lower part of abdomen. The former would be the very text in which this story occurs and the work that we are now considering. The story goes that, in return for these rewards, Tride Tsugtsan asked Drangti Gyalpe Kharphuk to serve as his personal physician.⁴⁶ I would note that the so-called *Root Text* and *Commentary of the Explicit Treatise* (*Dmar byang rtsa 'grel*) or *Mother and Son of Explicit Treatise* (*Dmar byang ma bu*) mentioned in the history of Drangti Palden Tsoje also refers to this corpus on the treatment of wounds given to Drangti Gyalpe Kharphuk.⁴⁷ According to Zurkhar's account, so-called root texts are *Brilliant Lamp Explicit Treatise on the Treatment of Abdominal Wounds*, *Magic Mirror Explicit Treatise on the Treatment of Abdominal Wounds*, and *Secret Treatise*.⁴⁸ Later Tibetan medical histories and writings refer to the *Explicit Treatise*. For example, Zurkhar Lodro Gyalpo seems to have had access to some of the information on the treatment of wounds that appears in the *Explicit Treatise*. In the colophon of his edition of the *Four Tantras*, Zurkhar indicates that at the time he was preparing for the *Four Tantras* to be carved into block prints, he compared texts called *Explicit Treatise*,

Secret Treatise (*Them byang*), and *Crystal Mirror Treatise* (*Shel gyi me long*) — which either belonged to or were related to *Root Text* and *Commentary of the Explicit Treatise* (also called *Mother and Son of Explicit Treatise*) — with the *Instructional Tantra* of the *Four Tantras*.⁴⁹ Zurkhar's description of the texts on wound treatment is very similar to one in the copy of the *Explicit Treatise* that I consulted.⁵⁰ Both descriptions maintain that there were three parts of the original text on wound treatment given to Drangti: an "extensive explanation," a "brief explanation," or a "middling explanation," plus a "synopsis." It seems that these texts are *Commentary of the Explicit Treatise*. According to another version of Zurkhar's account, Tride Tsugtsan also gave the three texts on the treatment of wounds, along with the *Crystal Mirror Treatise*, to three students of Biji Tsampashilaha (Bi ji Tsa pa shi la ha, Tride Tsugtsan's primary court physician): Tongsher Mepo, Drangti Gyalpe Kharphuk, and Shang Lhamo Si.⁵¹ This account is quite different from what is in the *Explicit Treatise* itself, namely, that the three texts were given only to Drangti Gyalpe Kharphuk. This suggests that Zurkhar may have been using sources for this part of the history other than the ones that are known to us today. Furthermore, this corpus of three texts on the treatment of wounds given to Drangti Gyalpe Kharphuk is also mentioned in the history of Drangti Palden Tsoje (Brang ti dpal ldan'tsho byed, 14th century), although under slightly different titles.⁵² According to Zurkhar's account, the texts on the treatment of wounds had been translated into Tibetan in the

eighth century by Bichi Tsampashilaha, who is also credited there with the translation of several other texts into Tibetan, all of which he offered to the Tibetan ruler Tride Tsugtsan. Zurkharwa refers to the entire collection compiled by Biji Tsampashilaha as the *Royal Collection of Healing Scriptures*.⁵³ Interestingly, the title of the text itself in the *Explicit Treatise* is the *Royal Texts of Healing Scriptures*. This suggests that the information in Zurkhar's history is based either on the corpus on the treatment of wounds that was given to Drangti Gyalpe Kharphuk or on other earlier medical texts.

The *Explicit Treatise* itself does not indicate where the corpus on the treatment of wounds came from, but nearly all medical historians seem to believe that it had been translated into Tibetan from another language. According to Drangti Palden Tsoje, the two physicians Biji and Bilha translated the *Root Text* and *Commentary of the Explicit Treatise* during the reign of Tride Tsugtsan,⁵⁴ but Zurkhar maintains that Biji Tsampashilaha himself translated the text. In other words, both historians believed that the text was translated into Tibetan during the reign of Tride Tsugtsan, but they disagreed on who was involved in the translation project.

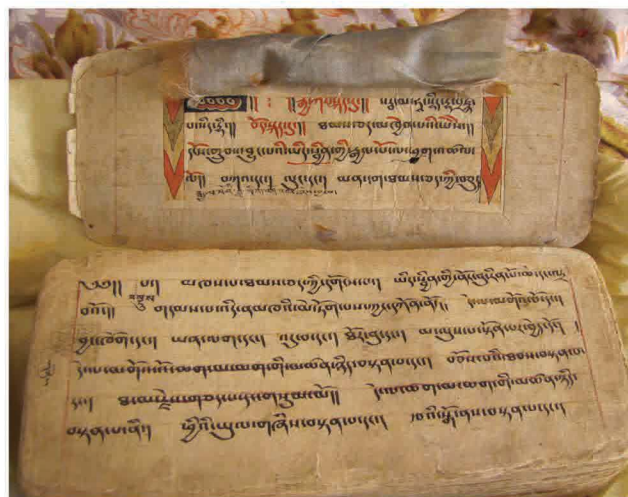
One point that supports our conviction that the *Explicit Treatise* is a very early work in the medical history of Tibet concerns its connection — or lack thereof — to the Ayurvedic text *The Heart of Medicine*. After *The Heart of Medicine* was translated into Tibetan in the early eleventh century, it became hugely influential in Tibet; in fact, almost all Tibetan compositions on medicine that appeared thereafter were influenced by it, either directly or indirectly. But when we compare the *Explicit Treatise* with *The Heart of Medicine*, we cannot find any indication of influence, which suggests that the *Explicit Treatise* must have been composed before *The Heart of Medicine* was introduced into Tibet. Furthermore, we find many unfamiliar orthographical practices and old grammatical rules at work in the *Explicit Treatise* manuscript, and these suggest an old provenance for the document.

Considering these orthographic idiosyncrasies, what the text says about its own history, and the corroboration from the two early historians Zurkhar Lodro Gyalpo and Drangti Palden Tsoje, it is plausible that the original Tibetan text of the *Explicit Treatise* was either a translation from another language or an original Tibetan composition written during the period of the Tibetan Empire. The *Explicit Treatise* contains detailed descriptions of the diagnosis and treatment of wounds to the upper torso. When comparing the *Explicit Treatise* with the chapter on abdominal wounds found in the *Instructional Tantra* of the *Four Tantras*, we can see that it is clearly the most important written source, especially regarding wounds to the upper torso. We have not yet found the

two other original texts that are said to have been included in the *Root Text* and *Commentary of Explicit Treatise*, which Tride Tsugtsan gave to Drangti Gyalpe Kharphuk in the eighth century. However, it is likely that the *Magic Mirror Explicit Treatise on the Treatment of Abdominal Wounds* and the *Secret Treatise* served as the textual sources for the material in the *Four Tantras'* chapters on wounds in the lower torso and on limb wounds, respectively. It seems likely that the *Root Text* and *Commentary of Explicit Treatise* is a very important textual source both for the classification on the treatment of wounds in the *Instructional Tantra* and its contents.

THE YELLOW-EDGED VOLUME The second important early medical work that reappears in the *Four Tantras* is the *Yellow-edged Volume*. There are two available manuscripts of this text, which I will refer to as *Khaser L* and *Khaser B*. *Khaser L* is from the Mentsikhang in Lhasa and was acquired some years ago from a library of the main Sakya monastery in central Tibet. The handwritten manuscript is legible, with ornamentation on its first page (FIG. 8.8). It has 239 folios, and each page contains six lines. Unfortunately, folios 180 to 187 and folios 215 to 222 are missing from this manuscript, which was edited and published twice, once by the Lhasa Mentsikhang in 2005 and once by Qinghai Province Tibetan Medical Research Center (QPTMRC) in Xining in 2006.⁵⁵ In the summer of 1992, Professor Leonard van der Kuyjp found a second manuscript of the same work in the Beijing National Museum (FIG. 8.9).⁵⁶ This manuscript (*Khaser B*) has 161 folios and each page contains eight lines. It, too, is incomplete, as folios 117, 151, and 152 are missing.⁵⁷

In general, most of the contents in the two manuscripts are identical, but there are many minor differences. Some sections of the work are not in the same order in the two manuscripts, and the colophons of each are very different.



8.8 The first and second folio of a manuscript of the early Tibetan medical text *Yellow-edged Volume* (*Be ci'i po ti kha ser*). Central Tibet; probably 13th century. Ink and color on paper; 239 ff (fols. 180–87 and 215–22 missing), 21 × 7.5 cm. Lhasa Mentsikhang Library, Tibet Autonomous Region, China

8.9 Copy of first folio of the *Yellow-edged Volume* manuscript. Origin unknown; probably 12th century. Ink on paper; 161 ff (fols. 117, 151, 152 missing); size unconfirmed. Beijing National Museum



I believe that the manuscript copy from Lhasa is of a more recent date than the copy from Beijing.

At the second page of both manuscripts, the title is given as *Brilliant Royal Medical Text*,⁵⁸ which I believe was the original title for the text. It is likely that the title *Yellow-edged Volume* was created when the text was composed or even later, since the colophon of the manuscript copy from Beijing states that this work is named in accordance with the color of the book.⁵⁹ There are differing accounts of its origin. A verse cited in a medical text by Jangpa Namgyal Tragzang, as well as in Zurkhar Lodro Gyalpo's medical history, states that the *Yellow-edged Volume* was composed by a Chinese physician named Baidūrya.⁶⁰ Zurkhar mentions this text in both his medical history and in the colophon of his edition of the *Four Tantras*. In the former he writes that Biji Tsampashilaha offered some medical texts, including the *Yellow-edged Volume*, to the Tibetan ruler Trisong Detsen before he returned to his homeland.⁶¹ However, in the colophon of his edition of the *Four Tantras*, he asserts that this is among the medical texts that originated in Tibet,⁶² indicating that he believed it to have been written in Tibet.

The colophon of *Khaser* L states that it was composed for King Trisong Detsen,⁶³ The colophon of *Khaser* B⁶⁴ states that the work was composed in Tibet and was based on many earlier texts that were introduced by physicians from different regions, such as India, Uddiyāna, China, Trom,⁶⁵ Dolpo, Kashmir, and "Drugu" (Gru gu).⁶⁶ This would indicate that multiple sources contributed to the creation of the *Yellow-edged Volume*, but the text is not clear as to who was involved in its compilation.

There are a large number of old orthographical elements and grammatical rules in the manuscript from Beijing, which suggests that the original text was written in old orthography and that the history of the work given in *Khaser* B's colophon is plausible. This leads us to believe that the text may have been composed during the Tibetan Empire.

Khaser B consists of seven divisions: head wounds, neck wounds, abdominal wounds, limb wounds, *nyepa* (humors), miscellaneous diseases, and a general section. The division on neck wounds is missing in *Khaser* L.

The *Yellow-edged Volume* appears to be the source for many chapters in the *Instructional Tantra*, as well as the *Last Tantra* and was particularly influential on the treatment of liver diseases and the last four chapters of the wound division in the *Instructional Tantra*. The *Yellow-edged Volume* is also certainly a key source for the chapter on minor surgical techniques in the *Last Tantra* (see chapter 4). Many medical compounds described in the *Yellow-edged Volume* are very similar to compounds mentioned in the *Last Tantra*, such as Camphor 25 (*ga bur nyer lnga*), Pomegranate 4 (*se 'bru bzhi pa*), and Cardamom 7 (*sug smel bdun pa*).⁶⁷

THE KING OF THE MOON The *King of the Moon* treatise, also known as the *Somarāja*, is the third important medical text that I discuss in this essay because traces of it are found in the *Four Tantras*. Indeed, the treatise was a principal source for many chapters in the *Instructional Tantra* and the *Last Tantra*, especially the first section of the *Last Tantra*, which contains one chapter on pulse and one on urine diagnosis.

Although I know of several different manuscripts of the *King of the Moon* in the library of Potala Palace in Lhasa, I have never had the opportunity to read or evaluate them. However, the late Lhasa-based medical scholar Jampa Trinle did have access to these various manuscript versions, and he reported that there are three different extant versions of the text: one with 11 chapters, one with 130, and one with 113.⁶⁸ The longest manuscript is an eighteenth-century Derge edition, which I was able to study in a 1985 reprint published by the Nationalities Publishing House in Beijing. According to the colophon of the Derge edition, its first xylograph (woodblock) was ordered by the Derge king Lodro Gyaltsen (Blo gros rgyal mtshan, 1723–1774), which explains why it does not exhibit any old orthographical features or archaic spellings and grammar.

The text itself asserts that during the reign of Trisong Detsen, the Chinese monk Mahāyāna and the great Tibetan translator Vairocana translated this text from Chinese into Tibetan.⁶⁹ Most Tibetan scholars in history, including Zurkhar Lodro Gyalpo, Pawo Tsuklak Trengwa, and Sangye Gyatso, believed that the *King of the Moon* was indeed a translation of a Chinese medical text.⁷⁰ However, Kongtrul Yonten Gyatso (Kong sprul Yon tan rgya mtsho, 1813–1894), a Buddhist teacher and physician from eastern Tibet, did not agree; he believed that the text was instead compiled by a group of

scholars in Tibet, although he did not provide any evidence to support this view.⁷¹

In recent years, whether the text is a translation from Chinese or an original Tibetan composition has become a topic of debate among contemporary Tibetan and Chinese scholars. Some Chinese scholars have stated that the text is a translation of the *Huandi Neijing*, the most important classical Chinese medical text but without providing reliable evidence to support this claim.⁷² Many modern Tibetan physicians and scholars, however, strongly reject that view,⁷³ claiming that much of the content of the text is not commensurate with Chinese medical traditions. For instance, the concept of three *nyepa* found in this text cannot be found in classical Chinese medical theory at all. Also, the *King of the Moon* text contains many medicinal plants that are available only in Tibetan regions.⁷⁴ For these reasons, I, too, think that it is a Tibetan composition.

After studying this text, however, we cannot deny the influence of classical Chinese medicine. A comparison of the *King of the Moon* with other Tibetan medical texts, such as the *Four Tantras*, reveals that it contains more extensive descriptions of pulse diagnosis, which in Tibetan medicine is widely believed to have derived largely from Chinese medical traditions. I would argue, therefore, that the link was made mainly via the *King of the Moon* treatise.⁷⁵

The *King of the Moon* also shows some Ayurvedic influences, such as the theory of the three *doṣās*, as well as a large number of borrowed Sanskrit words, but I have found no evidence of any influence from *The Heart of Medicine*. This is significant, because the absence of any sign of *The Heart of Medicine* is compelling evidence that the *King of the Moon* text existed before the eleventh century, when it was first translated into Tibetan. Judging from the information in Tibetan medical histories as well as in the *King of the Moon* itself, I suggest that it may have been composed during the period of the Tibetan Empire.

THE HEART OF MEDICINE AND THE GYUSHI Let us now turn to the second primary influence on the *Gyushi*, namely *The Heart of Medicine*, composed by Vāgbhata in 600 CE in India. This treatise is one of the most important Indian Ayurvedic medical texts; and it and the *Caraka saṃhitā* and the *Suśruta saṃhitā* are regarded as the essential textual foundation of classical Indian medicine, (see FIG. 8.10).⁷⁶

The Tibetan translation of *The Heart of Medicine* was produced by Rinchen Sangpo (Rin chen bzang po, 958–1055) in collaboration with an Indian scholar, his master, Pandita Janārdana, during the eleventh century. The translation of *The Heart of Medicine* should be considered one of the most

important events in Tibetan medical history and an important moment in the development of Sowa Rigpa because it fostered a whole new style of Tibetan medical literature (FIG. 8.11).

According to a thirteenth-century medical history composed by Shangton Shikpo (Zhang ston zhig po), Rinchen Sangpo had studied Sanskrit with Janārdana, in Kashmir,⁷⁷ and after finishing his studies there and in India, he returned to western Tibet. Janārdana heard of Rinchen Sangpo's success and visited him there. Janārdana told Rinchen Sangpo that he had mastered a medical text called *The Heart of Medicine*, and Rinchen asked Janārdana to teach him the text and translate it into Tibetan, which Janārdana agreed to do.⁷⁸ According to another medical history, by Drangti Palden Tsoje, Janārdana charged one hundred gold coins as a fee for translating the text.⁷⁹

Janārdana had not brought a copy of *The Heart of Medicine* with him to Tibet, so according to Shangton's medical history, after they had agreed on Janārdana's payment, two *atsara* (mendicants) were sent to Kashmir to bring the text back to Tibet. Meanwhile, Rinchen Sangpo raised the required funds so that the translation project could be accomplished. At his request, Jangchup Od (Byang chub 'od, 984–1038?), the ruler of the western Tibetan kingdom of Guge, donated fifty gold coins toward the project. Four physicians from Purang — Nyangde Senge Dra (Myang 'das seng ge sgra), Shaka Tri Yeshe Jungne (Shag khri Ye shes 'byung gnas), Ongmen Ane (Ong sman a mes), and Mangmo Mentsun (Mang mo sman btsun) — together donated the remaining fifty.⁸⁰ We have little information about these physicians, but they must have been influential in Guge; certainly they played an important role in transmitting *The Heart of Medicine* into Tibetan. With this financial support, Rinchen Sangpo and Janārdana completed not only the translation of *The Heart of Medicine* but also the translation



8.10 Manuscript edition of the *Heart of Medicine* (*Aṣṭāṅgahrdayasaṃhitā*) from Kashmir written in the Kashmiri Śāradā script. Kashmir; probably 18th century. Wellcome Library, London. Wellcome MS Indic delta 2

8.11 The first folio of a manuscript of a Tibetan translation of the *Heart of Medicine* Library of Gyare (Rgya-re). Leh, Ladakh, 1985. Tibetan Buddhist Resource Center. W29573

This manuscript was reprinted by Tsering Palior Emchi with annotations by an unknown author. After first being translated into Tibetan in the 11th century, the *Heart of Medicine* remained one of the most important medical texts until the composition of the *Four Tantras*.



of another Sanskrit work, the *Padārthacandrikā* (*Tshig gi don gyi zla zer*), a detailed commentary on *The Heart of Medicine* composed by Candrananda.⁸¹

Since the eleventh century, the teaching of *The Heart of Medicine* has spread from the kingdom of Guge to the rest of Tibet, especially throughout the western and central regions. It seems clear that Buddhist scholars have played an important role not only in translating the text but also in propagating and transmitting it. *The Heart of Medicine* was used as a textbook in many medical schools, including the schools of Yuthog and Drangti in Tibet, from the eleventh to thirteenth century,⁸² and because of this, a great deal of medical literature relating to this text has been produced. For instance, Yuthog Yonten Gonpo studied and taught the text during the early part of his life, and there is no question that many parts of the *Four Tantras* are derived from *The Heart of Medicine* directly or indirectly.

The Heart of Medicine consists of six sections, which comprise 120 chapters. The first section is *Śūtrasthāna* (section on general principles), which contains 30 chapters. This section discusses basic theories of Ayurveda, such as the physiology and pathology based on the system of the *tridosas* (*vata*, *pitta*, and *kapha*), prevention of diseases, activities, diet, and drugs, and also indicates various therapies, such as enema therapy, nasal medication, and so on. *Śūtrasthāna* is an important source for many chapters in the *Explanatory Tantra* and the last two divisions in *Last Tantra*.⁸³ The second section of *The Heart of Medicine* is *Śārīrasthāna*, which means “section on anatomy and physiology” and has 6 chapters covering such topics as embryology, anatomy, physiology, and signs of death. It is a hugely important source for the second principle of the *Explanatory Tantra*, the chapter on the “formation of the body.”⁸⁴ The third section, *Nidānasthāna*, which means “section on diagnosis of diseases,” contains 16 chapters describing the causes, symptoms, and characteristic features of various diseases. Many chapters in the *Instructional Tantra* are summarized or derived from the *Nidānasthāna*.⁸⁵ The fourth section is *Cikitsasthāna*, which means “section of therapeutics” and has 22 chapters describing methods of treatment for various diseases, as well as diet, behavior, and medical compounding. This is

one of the important sources for the treatment section in some chapters in the *Instructional Tantra*.⁸⁶ The fifth section is *Kalpasiddhisthāna*, the “section on purificatory recipes and pharmaceuticals,” with 6 chapters covering the preparation of purificatory recipes, the administration of purificatory therapies, and the management of complications, as well as the principles of pharmacology. This is one of the sources for the third division of the *Last Tantra*.⁸⁷ The sixth section is *Uttarasthāna*, the “last section,” which contains 40 chapters discussing diagnosis and treatment in pediatrics, demonology, diseases of organs in the head, wounds, tumors, minor diseases, diseases of the genital organs, and poisons, as well as rejuvenation and virility therapies. This section is another important source for the *Instructional Tantra*.⁸⁸

I estimate that about one quarter of the *Explanatory Tantra*, about seven percent of the *Instructional Tantra*, and three percent of the *Last Tantra* are directly or indirectly derived from *The Heart of Medicine*.⁸⁹ The last five chapters in the *Root Tantra* provide an outline and summary of the three other treatises in the *Four Tantras*, so it is clearly not derived from earlier sources. In sum, only about fifteen percent of the *Four Tantras*’ content is based directly on Vāgbhata’s *Heart of Medicine*. It played an important role in the formation of the *Explanatory Tantra* but just a minor one in the creation of the third and fourth tantras.

An Introduction to Yuthog Yonten Gonpo’s Earlier Works and their Relationship to the *Gyushi*

JEWEL GARLAND — SUMMARY OF AṢṬĀṄGA Let us now turn to the works composed by Yuthog Yonten Gonpo before he worked on the *Four Tantras* that point very clearly to his role as main author and editor of the text. The *Jewel Garland — Summary of Aṣṭāṅga* (*Yan lag brgyad pa’i gzhung las bsdu pa nor bu’i ’phreng ba*) is a medical text that is very similar to the *Instructional Tantra*.⁹⁰ This text is not mentioned by any Tibetan medical historians, including Zurkhar Lodro Gyalpo and Desi Sangye Gyatso. Ludrup Gyatso (Klu sgrub rgya mtsho), a student of Professor Troru Tsenam, recently discovered a manuscript of this text in a library of the Derge County Tibetan Medicine Hospital in 1999, and it was subse-

quently published in 2003.⁹¹ Ludrup Gyatso believes that the text was originally acquired from Kongdrul Yonten Gyatso's library in Palpung Monastery when it was destroyed during the Cultural Revolution. The original manuscript is written in Tibetan *umed* cursive script and contains a vast number of abbreviated words (*skung yig*). Apparently, the *Jewel Garland* was never produced as a block print until the modern edition published it in print letters (*uchen*), which suggests that the text was not available to most Tibetan physicians or general scholars until 2003, and indeed we cannot find any previous scholarly research on this important work.

The colophon of the *Jewel Garland* states that the text was written by Yuthog Yonten Gonpo in the twelfth century.⁹² In addition, the colophons of several individual chapters also indicate that Yuthog composed them, based on various sources as well as on his own clinical experience.⁹³ This seems reasonable, given that many of the passages are identical to corresponding passages in Yuthog's other work, the *Bu don ma*, or *Writing for Sons*, to be discussed below. Some chapters show that another person was also involved in compiling and editing the text according to Yuthog's instructions.⁹⁴ In most cases, this person simply says "I" and does not indicate his or her name.⁹⁵ In the chapter on the treatment of abdominal wounds, we find that the person who refers to himself as "I" is Jñānadhāraṇī, and it seems to me that this Sanskrit name refers to "Ye shes gzungs" in Tibetan.⁹⁶ Based on this, we can say that this mysterious person was Sumton Yeshe Sung, Yuthog's famous student.

It therefore seems clear that Yuthog Yonten Gonpo is the primary author of *Jewel Garland*, and that Sumton Yeshe Sung contributed significantly to the formation of the text. According to the colophons, Sumton wrote some of the chapters of the text based on Yuthog's oral instruction and then edited the entire work. However, the date of the composition of the text is not specified anywhere in the manuscript.

In terms of content, the *Jewel Garland* discusses the causes, conditions, classifications, symptoms, and treatment of various diseases. Many passages are very similar to corresponding passages in the *Instructional Tantra*. I believe that the *Jewel Garland* may possibly be some kind of early draft of the *Instructional Tantra*.

THE WRITING FOR SONS The *Writing for Sons* (*Bu don ma*) is another early writing of Yuthog Yonten Gonpo. In most cases *bu* in Tibetan refers to "son," but here the term refers to both sons and sons-in-law. Yuthog had three sons and two daughters. Because his oldest son died young,⁹⁷ he may not have had the chance to be trained as a physician,⁹⁸ but according to Sumton's account, Yuthog's second son,

Yuthog Nyima, his third son, Yuthog Bumseng, and two sons-in-law were all trained as physicians.⁹⁹ We cannot find any information to prove that Yuthog's two daughters were physicians, so it seems that *bu* in this case refers to Yuthog's male descendants.

There are at least two different manuscripts of this work in Tibet, one in the library of the Lhasa Mentsikhang, the foremost Tibetan medical teaching hospital in central Tibet, and the other in the library of Potala Palace. I had a chance to photocopy the manuscript belonging to the Lhasa Mentsikhang, and I saw the manuscript at Potala Palace but did not have the opportunity to study it.

The manuscript of the Lhasa Mentsikhang, which was acquired some years ago from Potala Palace, is written in Tibetan *umed* script and was never produced as a block print (FIG. 8.12). It was edited and published by the Qinghai Province Tibetan Medical Research Center (QPTMRC) in 2005, and again this suggests that the text was not available to most Tibetan physicians or general scholars until its modern publication and why there has been no research about this text.

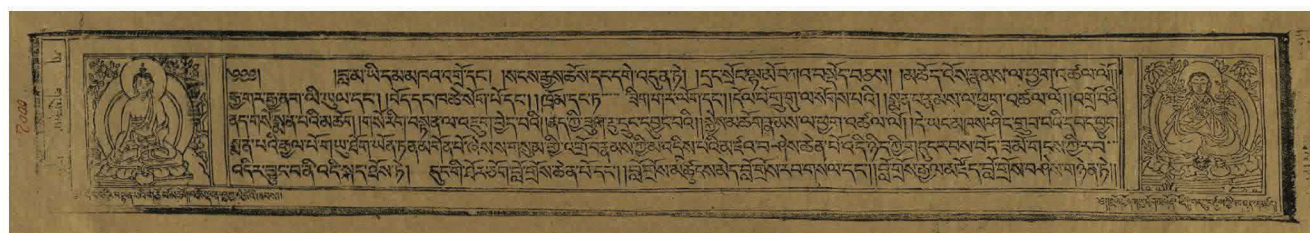
"Learned Gonpo" (Mkhas pa mgon po) is named the author of the text in the colophons of most chapters. Some colophons also call him "learned Guna" (Mkhas pa ghu na), another Tibetan way to say "Learned Yonten."¹⁰⁰ I believe that these epithets were added by Yuthog's sons or someone else because Tibetan scholars rarely used the term *mkhas pa* (scholar, or learned one) in referring to themselves. However, in several places Yuthog himself states in the first person that he is the author of a chapter,¹⁰¹ so there is no question that this work is his composition. Occasionally, the text reveals sources for the work's content and how the text was composed. For example, the colophon of the section on serious chronic tumors reads: "The learned Gonpo explains



8.12 The first folio (title page and folio 1 verso) of a manuscript copy of Yuthog Yonten Gonpo's early work *Writings for Sons*. Tibet; probably 14th century. Ink on paper; 268 ff, 24 x 7 cm. Lhasa Mentsikhang Library, Tibet Autonomous Region, China

8.13 Print edition of the Tibetan biography of Yuthog Yonten Gonpo the Elder (depicted to the right) and the Younger. Ink on paper; 149 ff, H 2.5×W 10.2×D 58.4 cm. Tibetan Buddhist Resource Center. W1KG13020

This 17th century widespread text has been influential in many Tibetans' perception of the origin of the *Four Tantras*. It was also translated into English.



the meaning of the text. Based on his own experience; [he] wrote down the essence of the instruction on eliminating meanness.”¹⁰² In another instance, the text reads: “Based on Learned Yuthog Gonpo’s experience, he composed the text called *Writing for Sons*. It is also called *Writing [based on] Experience*.”¹⁰³

Most colophons of the individual chapters assert that Yuthog, or “Gonpo” for short, composed the treatise for his sons.¹⁰⁴ One passage states: “The essence of the instruction was composed for [my] sons. [You] should keep it secret from all students who are not your own sons.”¹⁰⁵ This seems to suggest that the work was a secret, private instruction for his family and is the first hint we have as to the esoteric nature of the way in which medical knowledge was transmitted during his time. Occasionally, the text also includes his students (*slob ma*); for instance, the colophon of the chapter on phlegm diseases reads: “Learned Gonpo compiled [the chapter] for his sons and students.”¹⁰⁶

Writing for Sons has eighty-five chapters.¹⁰⁷ The content and language of the text is very similar to the *Instructional Tantra* of the *Gyushi*, and it seems likely to me that many chapters of *Writing for Sons* were an early draft for the corresponding chapters in that tantra.

ESSENCE OF AMBROSIA — SECRET INSTRUCTION TREATISE

The third early work by Yuthog Yonten Gonpo is the *Essence of Ambrosia — Secret Instruction Treatise*,¹⁰⁸ which is included in the collection of the *Eighteen Auxiliary Texts*, Tibetan medical texts on various topic and written by Yuthog Yonten Gonpo, his disciples, and other scholars.¹⁰⁹ It is also known as *Ambrosia Essence — Short Treatise*, or simply *Short Treatise*. In 1994 the collection was published by Gansu Minority Publishing House in Lanzhou and in 2005 by the Minority Publishing House in Beijing. In this article, I will instead use the printed version of the collection from the eighteenth-century wood blocks from the Derge Printing House, which features 101 chapters on 123 folios. According to the colophon of the Derge edition of the *Eighteen Auxiliary Texts*, its woodblocks were carved in 1769 by the Derge king Lodro Gyaltsen and are still preserved at the Derge Printing House. In *Instruction of the Elders*, Zurkhar Lodro

Gyalpo’s sixteenth-century commentary on the *Gyushi*, he cites several paragraphs from a text called *Short Treatise (Rgyud chung ba)*. These paragraphs are very similar to the first chapter of the *Root Tantra* in the *Four Tantras*, which is titled “basis of discussion” (*gleng gzhi*).¹¹⁰ These paragraphs do not appear in the modern versions of the *Short Treatise* in the *Eighteen Auxiliary Texts*. On the other hand, we must note that the current version of the *Short Treatise* is not framed as “the word of the Buddha” and therefore disagree with the paragraphs cited by Zurkhar Lodro Gyalpo as well as the first chapter of the *Four Tantras*.

Zurkhar recorded in his medical history that Yuthog wrote *Essence of Ambrosia — Secret Instruction Treatise*, which has thirty-three chapters. He also mentions the similarity between that work’s “basis of discussion” chapter and the one in the *Four Tantras*. Furthermore, Zurkhar states that Yuthog construed the *Essence of Ambrosia — Secret Instruction Treatise* as “the word of the Buddha,” which tells us that perhaps Yuthog was already framing his text as such even before he wrote the *Four Tantras*.¹¹¹ In any event, these statements from Zurkhar suggest that there were at least two other versions of the *Short Treatise* or *Essence of Ambrosia — Secret Instruction Treatise*, which were available during his time.

What then are we to make of the current version of *Short Treatise* in the *Eighteen Auxiliary Texts*, which is not at all framed as “the word of the Buddha” and not containing any chapter similar to the “basis of discussion” in the *Four Tantras*? Instead, the colophon of this version of the *Short Treatise* states that Candrananda, the famous eighth-century Kashmiri physician, composed it, and that it then came into Yuthog’s hands after several generations.¹¹² On the other hand, Zurkhar Lodro Gyalpo in his later medical history surmises that Yuthog actually composed the text but made it appear to be a composition by Candrananda.¹¹³

Opinions as to the authorship of the *Essence of Ambrosia — Secret Instruction Treatise* have been divided for a long time. Troru Tsenam Rinpoche believed that Yuthog Yonten Gonpo the Elder composed it,¹¹⁴ and this was also the opinion held by the scholar Samten Karmay, who attempted to prove the theory.¹¹⁵ I myself take issue with these positions

and will argue below that there is no historical evidence for Yuthog the Elder as the author of that text. Zurkhar's suggestion that Yuthog the Younger actually composed the *Short Treatise* but made it appear to be a composition of Candrananda's makes good sense to me. First, it is clearly a Tibetan composition. The text records numerous herbs that are available only in the Tibetan regions, and the text contains chapters on pulse reading and urine diagnosis, neither of which is found in Ayurvedic works from that period. Secondly, much of the rest of the work is, in fact, based largely on the Tibetan translation of *The Heart of Medicine*, which is confirmed at the beginning of the text.¹¹⁶ There are many passages in the *Short Treatise* that are identical to the corresponding passages in the Tibetan translation of *The Heart of Medicine*. This suggests that the text was composed after the translation of *The Heart of Medicine* into Tibetan in the eleventh century, which would make it impossible for it to have been composed by either Candrananda or Yuthog the Elder. In addition, the clinical part of the *Short Treatise* is frequently indebted not primarily to *The Heart of Medicine* but to Yuthog's two early compositions mentioned above, the *Jewel Garland* and *Writing for Sons*.

I would suggest that the *Short Treatise* was written by Yuthog Yonten Gonpo at a transitional stage between the *Jewel Garland* and *Writing for Sons* on the one hand and the *Four Tantras* on the other. This position in the chronology of Yuthog's writings is also corroborated by the fact that as in the *Four Tantras*, most chapters in the *Short Treatise* have nine syllables in each verse, whereas *Jewel Garland* and *Writing for Sons* have only seven syllables in each verse.

In content, the *Short Treatise* shows evidence of influences from several sources, not only from the earlier two compositions of Yuthog and *The Heart of Medicine*, but also from sources other than Ayurvedic medical knowledge, as must have been the case with the pulse and urine diagnosis. It is also important to note that Yuthog appeared reluctant to acknowledge his own authorship of this major medical treatise. In the case of the *Short Treatise*, we see that he attributes the work to Candrananda, and he attributes the *Four Tantras* to the Medicine Buddha.

The language and content in the chapters of the *Short Treatise* are similar to many chapters in the *Instructional Tantra* and the *Last Tantra*, as well as a few chapters in the *Explanatory Tantra*. In fact, some verses of the text are exactly the same as the corresponding verses in the *Four Tantras*. This makes it clear that the *Short Treatise* is an early draft of three treatises, namely the last three volumes of the *Four Tantras*: the *Explanatory Tantra*, the *Instructional Tantra*, and the *Last Tantra*.

Yuthog Yonten Gonpo's Life and the Composition of the *Gyushi*

The relationships between the *Four Tantras* and the earlier medical works from Tibet discussed above — the Indian-derived *Heart of Medicine*, and the early writings by Yuthog Yonten Gonpo himself — are complex, to say the least. Some concepts and phrases had already been used in the early works by Yuthog, who incorporated them into the *Four Tantras*, along with other concepts and information from *The Heart of Medicine* and earlier Tibetan medical works, such as the *Explicit Treatise*, *Yellow-edged Volume*, and *King of the Moon*. He drew on all of them in the writing of the *Four Tantras*, but his own contribution to the creation of the text is also significant, and there is no question that many parts of the *Four Tantras* are in fact his own composition. In order to understand what enabled Yuthog to make such an incredible contribution to the medical heritage and history of Tibet and surrounding areas, we will take a close look at the life of this master.

THE GREAT TIBETAN PHYSICIAN Yuthog Yonten Gonpo the Younger was the most influential physician in Tibetan medical history, and to this day he is revered by doctors and laypeople alike. Many works of art have been created in homage to him, some of them presenting him as a human reincarnation of the Medicine Buddha (see FIG. 7.15). Despite this prominence and importance, very little is actually known about this extraordinary twelfth-century master of medicine, but we shall examine here what information we do have.

Yuthog Yonten Gonpo was born in what is today Gyantse County (Rgyal rtse rdzong) in the contemporary Tibet Autonomous Region in central Tibet. The ruins of an old Tibetan house still stand in the village where he was born and to this day the house is visited and revered by Tibetan physicians. Yuthog was not only a physician but also a scholar and Buddhist master. He himself claimed in a spiritual song (*mgur*) that he mastered the five major Tibetan sciences, namely, Buddhist doctrine, epistemology, language, "arts and crafts," and the science of healing.¹¹⁷

It is hard to know his exact birth and death dates, and modern scholars give different accounts. The late Tibetan physician Jampa Trinle believes that Yuthog Yonten Gonpo was born in the tenth century but does not provide evidence for this view.¹¹⁸ Konchok Rinchen says that Yuthog was born in 1126 and died in 1200 or 1201.¹¹⁹ Franz-Karl Ehrhard agrees that the date of Yuthog's birth is 1126 and believes he died in 1202, but he offers no evidence for these dates.¹²⁰ Samten Karmay does not suggest specific dates but cites Sokdok pa Lodro Gyaltsen's "Establishment of the *Gyushi*" as a

8.14 Portrait of Tibetan Medical Master Yuthog Yonten Gonpo. Tibet; 19th century. Pigments on cloth; 109.2 × 168 cm. Rubin Museum of Art. C2010.5





8.15 Fierce Yuthog Protector, Dark Blue Habse underneath a Red Dancing Kurukulla Emanation of Goddess Tara (from a set of nine protectors). Central Tibet; 19th century. Pigments on cloth; 86 × 60 cm. Private Collection, US



8.16 Fierce Yuthog
Protector, Vulture-headed
Chief Corpse Eating
Demoness underneath
a Peaceful White Tara
(from a set of nine
protectors). Central Tibet;
19th century. Pigments
on cloth; 86 x 60 cm.
Private Collection, US



8.17 Fierce Yuthog
Protector, Zombie-Riding
Protectress underneath
Desi Sangye Gyatso
(from a set of nine
protectors). Central Tibet;
19th century. Pigments
on cloth; 86 × 60 cm.
Rubin Museum of Art.
C2006.66.10 (HAR 193)

canonical work and suggests only that Yuthog lived around the twelfth century.¹²¹

According to the history of the *Yuthog Heart Essence*¹²² written by Yuthog's disciple Sumton Yeshe Sung, Yuthog died at the age of seventy-six.¹²³ Sumton also claimed that Yuthog taught and transmitted the *Yuthog Heart Essence* to Yeshe Sung in the "horse year" before he passed away,¹²⁴ which tells us that the year of Yuthog's death was a year of the horse, although Sumton does not tell us which year of the horse it was.

The great fourteenth-century Tibetan physician and medical educator Drangti Palden Tsoje wrote that Shakrampa Nyima Pal (Shag ram pa 'bal sman Nyi ma dpal), one of Yuthog's students, was a personal physician of Khubilai Khan (1215–1294), the founder of the Yuan dynasty.¹²⁵ Drangti also pointed out that Yuthog taught Nyima Pal both texts and medical practices,¹²⁶ which would suggest that he studied medicine with Yuthog in the twelfth or thirteenth century.

As Samten Karmay had already observed,¹²⁷ Sogdogpa Lodro Gyaltsen believed that Yuthog was a contemporary of Drakpa Gyaltsen (Grags pa rgyal mtshan), a great master of the Sakya School of Tibetan Buddhism.¹²⁸ We know that Drakpa Gyaltsen was born in 1147, and this would suggest that Yuthog lived in the second half of the twelfth century.

Evidence for Yuthog's life to have been in the twelfth rather than the thirteenth century derives from a work entitled *Collection on the History of Tsodo Monastery*. According to this text, the first abbot of Tsodo Monastery (in eastern Tibet), Drogon Rinchen ('Gro mgon rin chen, 1170–?), studied the *Four Tantras* at a young age.¹²⁹ In addition, the text also records that Drogon started to practice medicine when he was eighteen years old,¹³⁰ suggesting that the *Four Tantras* was available in Tibet at least by 1188; it is commonly held that the *Four Tantras* was made known to the public by Sumton Yeshe Sung after Yuthog's death, so this would mean that Yuthog must have died before 1188. I conclude, therefore, that Yuthog Yonten Gonpo lived in the twelfth century, but that it is impossible to determine the exact dates of his birth and death.

EARLY LIFE AND EDUCATIONAL BACKGROUND It seems likely that Yuthog began practicing medicine when he was very young. According to his own claims, he started at the age of eight and had been to India six times in order to study medicine.¹³¹ Darmo Lozang Chodrag, a seventeenth-century medical scholar, wrote that Yuthog Yonten Gonpo arrived in India at the age of eighteen.¹³² Yuthog's own writings do not provide a date for his first trip to India, although in his *Three Scroll Collections*¹³³ he reports that he was in "White Island"

in India at the age of twenty-two¹³⁴ and that he had been in Rājagṛha at the age of twenty-six.¹³⁵ When Yuthog was thirty-four, he made yet another trip to India,¹³⁶ after which he returned to his main residence in Tibet, called Shang Palkye.¹³⁷ Yuthog himself claimed in his spiritual song that his journeys were not limited to India, but also included Nepal, Sri Lanka, Uddiyāna, and Persia.¹³⁸ There is no question that the purpose of Yuthog's travels was to learn from different medical traditions of the time; in his spiritual song he even indicates that his trip to Rājagṛha was for the purpose of studying *The Heart of Medicine*.

In *Three Scroll Collections*, Yuthog Yonten Gonpo lists the following medical traditions and texts that he studied: *The Heart of Medicine* by the Buddha; "complete medical texts" (*tshangs pa'i dbyangs*) by the Buddha and by Mañjuśrī; Nāgārjuna's teachings; a text entitled *White and Black Moonlight* (*zla zer dkar nag*); the "healing tradition of the rishis"; Vāgbhata's treatises; Indian and Chinese medical texts; and the clinical experience of Tibetan and Khotanese physicians.¹³⁹ All this tells us that Yuthog Yonten Gonpo was familiar with many different medical traditions and explains why he would have incorporated different medical traditions into his masterpiece, the *Four Tantras*.

MEDICAL CAREER Zurkhar's historical writings indicate that Yuthog did not teach medicine until after he had reached the age of thirty-four and returned from India.¹⁴⁰ At the beginning, he used *The Heart of Medicine* as his primary teaching material,¹⁴¹ but then he went on to compose several medical works based on various sources, and he used these texts for teaching.

Yuthog's teachings were not only limited to medicine. On one occasion he and more than a hundred students were invited by the ruler of Jodar and his son to visit Gurmo ('Gur mo), a well-known market town in Tibet's Tsang region, where Yuthog was said to have taught medicine, Sanskrit, and the Atiyoga teaching of the Great Perfection.¹⁴² He also bestowed a number of consecrations there, including on the Hevajra¹⁴³ and Vajra Kilaya.¹⁴⁴ Toward the end of Yuthog's life, the king of Lhatsun¹⁴⁵ invited him, along with about 250 students, to come to Kyirong, also in central Tibet, where he gave various Buddhist and medical teachings.¹⁴⁶

WRITINGS We have already reviewed three important early works by Yuthog, and I have argued that these contributed to the composition of the *Four Tantras*. However, in other writings and histories, there are references to many more texts composed by Yuthog; see references to works by Sumton Yeshe Sung, Zurkhar Lodro Gyalpo, and Desi Sangye Gyatso.

Among these many works, and in addition to the three discussed above, was the *Great Collection on Medical Plants*, which was edited and published by QPTMRC in 2006 and by Paltsek Old Tibetan Texts Research Center in 2007.¹⁴⁷ Most parts of *Three Scroll Collections* and *Instruction of Six Golden Key Collections*¹⁴⁸ are preserved in Ju Mipham's collection, and the entire text of *Three Scroll Collections* was edited and published by QPTMRC in 2008.¹⁴⁹ The text in the *Yuthog Heart Essence* was composed mainly by Yuthog Yonten Gonpo and Sumton Yeshe Sung (see chapter 9). There are two primary editions of that text: one carved in the Derge Printing House in the eighteenth century and another in Lhasa, at the Chagpori Medical College, in the late nineteenth century.¹⁵⁰ In addition, some manuscripts of the individual texts have been preserved in private collections and libraries throughout Tibet and Mongolia.

DISCIPLES AND DESCENDANTS Yuthog had a large number of students and some of their names can be found in various historical documents. Jamgmen Lepse (Ljang sman Leb se),¹⁵¹ Tonpa Atse (Ston pa A tshes),¹⁵² Geshe Rokchung (Dge bshes Rog chung),¹⁵³ Shakrampa Nyima Pal,¹⁵⁴ and Sumton Yeshe Sung¹⁵⁵ were all well-known students of Yuthog, who also had two sons — Yuthog Nyima (G.yu thog Nyi ma) and Yuthog Bumseng ('Bum seng) — both of whom received medical instruction from their father. Bumseng became Yuthog's successor and practiced medicine in Goshi Rethang, a village in today's Gyantse County of the Tibet Autonomous Region. Yuthog Nyima inherited property belonging to Drakseng (Grags seng) that had belonged to Yuthog's uncle and was located in Lungmar (Lung dmar), a village also in Gyantse County.

THE PROBLEM OF YUTHOG YONTEN GONPO THE ELDER

The life story of Yuthog Yonten Gonpo that I have provided so far is based on my study of sources from between the twelfth and mid-seventeenth centuries, but the story changed dramatically in the seventeenth century, when two biographies, one of Yuthog the Elder and the other of Yuthog the Younger, were codified and printed in Lhasa (FIG. 8.13).¹⁵⁶ In the so-called printer's colophons of the two biographies, Darma Menrampa Lozang Chodrag, a personal physician for the Fifth Dalai Lama, claims that Darma himself obtained a copy of a biography of Yuthog the Elder from a descendant of Yuthog the Younger.¹⁵⁷ According to Sangye Gyatso's medical history *Mirror of Beryl*, Larawa Lozang Donden (La ra ba Blo bzang don ldan) had edited this biography of the Yuthog the Elder at the order of the Fifth Dalai Lama,¹⁵⁸ but Darma Lozang Chodrag claims that he himself edited and printed it.¹⁵⁹ In any

case, either Darma Losang Chodrag or Larawa Losang Donden published the biography of Yuthog the Elder in the seventeenth century and with the support of the Fifth Dalai Lama.

In a biography of the two medical masters, Jowo Lundrup Tashi and Darma Menrampa Lozang Chodrag tell us that Yuthog the Elder was a royal physician for the Tibetan emperor Trisong Detsen.¹⁶⁰ They also maintain that Yuthog the Younger was the reincarnation and direct descendant of Yuthog the Elder.¹⁶¹ As already mentioned, Sangye Gyatso in his *Mirror of Beryl*, as well as in his *Blue Beryl* commentary on the *Four Tantras*,¹⁶² provided a very similar account of both Yuthogs. According to Professor Wangdu in Lhasa, another biography of Yuthog the Elder was composed in the fourteenth century by Lungmar Gonpo Rinchen, a descendant of Yuthog.¹⁶³ Unfortunately, I have never had a chance to see this work and cannot evaluate its reliability.

If we read closely the Tibetan medical works written before the seventeenth century, we find that Tibetan medical historians such as Drangti Palden Tsoje, Zurkhar Lodro Gyalpo, and Pawo Tsuklak Trengwa do not mention Yuthog the Elder at all. Nor is there anything in either Yuthog Yonten Gonpo's or Sumton Yeshe Sung's writings about a Yuthog as a royal physician during the time of the Tibetan Empire. Furthermore, as Franz-Karl Ehrhard has observed, there are numerous overlaps and similar elements between the biographies of Yuthog the Elder and Yuthog the Younger.

I would like to suggest that the biography of Yuthog Yonten Gonpo the Elder might have been invented in the fourteenth century or later, on the basis of the younger Yuthog's life and work. In any event, we cannot consider the biography the Yuthog Yonten Gonpo the Elder as a reliable source for the existence and activities of this physician during imperial times.

TRANSMISSION OF TEACHINGS The *Gyushi* was transmitted from Yuthog Yonten Gonpo to present-day Tibetan physicians through the disciples and descendants of Yuthog himself, the school of Drangti, the schools of *Jang* and *Zur*, the Chagpori and Lhasa Mentsikhang institutes, and others. Details on how Yuthog's tradition was passed on in subsequent centuries are discussed in chapter 9 in this volume. How it is being referred to and commented upon in recent times and in current practice are discussed in chapters 1, 3, 6, and 12. I will provide here a brief summary of Yuthog's very early disciples and descendants.

As Sumton Yeshe Sung claimed, he was likely the only person who received the teaching of the *Four Tantras* directly from Yuthog Yonten Gonpo.¹⁶⁴ He then taught the *Four Tantras* to Sumton Yeshe Kunga (Sum ston Ye shes kun dga')

8.18 Fierce Yuthog Protector, Red Wolf-Headed Protectress underneath a Blue Medicine Buddha (from a set of nine protectors). Central Tibet; 19th century. Pigments on cloth; 86 x 60 cm. Rubin Museum of Art. C2006.66.9 (HAR 192)





8.19 Fierce Yuthog Protector Pehar underneath Yuthog Yonten Gonpo (from a set of nine protectors). Central Tibet; 19th century. Pigments on cloth; 86 x 60 cm. Rubin Museum of Art. C2006.66.259 (HAR 377)

and Tsoje Shonnu Yeshe ('Tsho byed Gzhon nu ye shes). Then Sumton Yeshe Kunga taught the text to Sumton Bumme (Sum ston 'Bum me).¹⁶⁵ There is no clear record on what the relationship was between Sumton Yeshe Sung and these two other physicians with the family name Sumton, but they may have been his sons and or nephews.

Sumton Bumme taught the text to Yuthog Geshe Gonpo Rinchen (G.yu thog Dge bshes Mgon po rin chen), the son of Yuthog Nyima.¹⁶⁶ Phagton Shākya Gonpo (Phag ston Shākya mgon po), a well-educated master from the Nyingma School, is recorded to have gone to Lungmar to study the iconographic representations of Yuthog with Geshe Gonpo Rinchen,¹⁶⁷ and Drangti Palden Tsoje then studied the text with Phagton Shākya Gonpo.¹⁶⁸

ICONOGRAPHIC REPRESENTATIONS In most references, Yuthog is depicted as a man with long hair, indicating that he was a layman with a family. In his right hand, he holds a lotus with a burning sword and a Tibetan *pecha* (text). In his left hand, he holds another lotus nestled within which is a vase thought to be filled with healing nectar. The vase is usually decorated with saffron flowers and topped with a jewel, the Tibetan medical panacea plant myrobalan, and a golden *vajra* (FIG. 8.14). This image represents Yuthog's life, career, and accomplishments. The burning sword, Tibetan *pecha*, and lotus are the symbolic attributes of Mañjuśrī, a bodhisattva associated with wisdom in Mahāyāna Buddhism, indicating that this image represents one of Yuthog's visions of Mañjuśrī, which took place when he was eight years old. The vase,

saffron flowers, the jewel, the fruit of the myrobalan, and the golden *vajra* represent the Five Families of Buddhas. There are slight differences between different *thangkas* in the representation of Yuthog's symbolic attributes (see FIGS. 7.15 and 8.1).

Shanglon Dorje Dudul is Yuthog's main protector deity, and we find his image in Yuthog's *thangkas*, as well as in an exceptional set of a nine *thangkas* dedicated to the main protector and his eight followers, Shanglon Dorje Dudul, Eka Dzadri, Zadu Rahula, Chechang Chumar, Nodchin Shanpa Marpo, Damchen, Sokki Budri, Sinpo Rolang Jigmed, Dudmo Rosen Nagmo, and Lekhen Habse Nagpo. Five of these are shown in Figures 8.15–8.19; the whereabouts of the other three are unknown. These protectors have been worshiped by Tibetan physicians since Yuthog's time and are seen by extension as the protectors of the medical sciences at large.

* * *

In this chapter I have discussed the various medical sources that were available to the twelfth-century Tibetan physician and scholar Yuthog Yonten Gonpo, on the basis of which he compiled and composed the *Gyushi*, or *Four Tantras*. After a careful examination and analysis of the history of this text, there is no doubt that it is a composition of Yuthog Yonten Gonpo, whose biography we examined, along with the major misunderstandings and misinterpretations that have accompanied it through the ages. Finally, I discussed the depictions of Yuthog and his protectors in the visual cultures of Tibetan Buddhism and medicine.

Frances Garrett



This essay addresses the transmission of medical knowledge in Tibet spanning a period of roughly six hundred years. We begin with an overview of several of the major traditions of Tibetan medicine during this period, emphasizing both how intertwined they are with each other and how connected they are to contemporaneous Buddhist traditions. We then examine how histories of medicine themselves construct the place of the medical tradition within Tibetan bodies of knowledge and literature, followed by a look at how medical study and healing practices are presented in one prominent fifteenth-century history of Buddhism in Tibet. Finally, we briefly consider what may be learned about the history of medicine by studying particular healing practices over time. In viewing Tibetan medical history from different angles, using different kinds of sources, with an emphasis on its relationship to Buddhist traditions, this essay aims to demonstrate how complex this relationship has been throughout history and to advocate for research on Tibetan medicine that is sensitive to the localized and historically contingent nature of the tradition.

Transmitting Tibetan Medical Knowledge

Doctrinally, institutionally, and practically, the history of medicine in Tibet cannot easily be separated from developments in Buddhist circles, and in the following pages we explore the expansion of medical scholarship over several centuries within this context. The lineage of Yuthog Yonten Gonpo (1112–1203?) himself is intimately connected to Buddhist Esoteric traditions through the institution of revelatory texts, and the early history of Yuthog’s medical practice and scholarship shows a particularly strong linkage to the Nyingma School (see chapter 8 for more on Yuthog’s life). It is not only in these circles that we see a relationship between medical learning and Buddhism, however, and we next discuss how the Drangti medical lineage and its offshoot traditions demonstrate the medical tradition’s longstanding intimacy with Buddhists of royal and political power. Finally, we see how by the fifteenth century, Buddhist monasteries across Tibet were housing prominent medical colleges, as the institutional and curricular training in medicine became firmly embedded within a Buddhist context.

An important but little-studied locus of healing practice is the Tibetan Treasure tradition (*gter lugs*). The revelatory Treasure text, or *terma* (*gter ma*), is a classificatory rubric distinct from works that are translations of Indian originals or that are explicitly acknowledged compositions of Tibetan scholars themselves.¹ The most prominent revealed text in the medical tradition is, of course, the *Gyushi*, or *Four Tantras*, itself. Dudjom Rinpoche’s account of the early Treasure tradi-

tion names Drapa Ngonshe (b. 1012, FIG. 9.1), who is said to have discovered the *Four Tantras* as the second great Tibetan Treasure Revealer, an attribution that places the medical tradition itself squarely within a broader understanding of the Treasure tradition.² Whereas nearly all forms of Tibetan Buddhism acknowledge the importance of certain Treasure texts, which span a full range of subject matter, including historical, doctrinal, liturgical, and medical treatises, the Nyingma tradition in particular relies on these texts as authoritative.

The strong bond between medical scholars and key figures of the Nyingma Treasure tradition can be seen in the concurrent development of the empowering medicine (*sman sgrub*) practice in both traditions. Performed historically and still today by doctors as well as religious specialists, this practice involves the ritual empowerment of medicinal substances, and yet the tradition’s history also links it closely with Esoteric Buddhist yogic, alchemical, and contemplative exercises. In the twelfth and thirteenth centuries, while Yuthog Yonten Gonpo and his students were producing the *Four Tantras* and other medical works, Buddhist figures were codifying another body of practice and scholarship that itself had a substantial impact on the future of Tibetan medicine. In the early Nyingma canon, teachings on empowering medicine can be found within the Esoteric compilation known as the “eight means of accomplishment” (*sgrub pa bka’ brgyad*).³ This set of ritual and contemplative practices crystallized with the work of the Treasure Revealers Nyangral Nyima Ozer (Nyang ral nyi ma ‘od zer, 1124–1192) and his incarnate successor, Guru Chowang (Gu ru chos dbang, 1212–1270); the former lived at the same time as Yuthog, and the latter’s lifespan mirrored that of Yuthog’s main student, Sumton Yeshe Sung (see chapter 8 for more on this figure). Sumton Yeshe Sung was the redactor of major parts of the *Yuthog Heart Essence Guru Sādhana* (*G.yu thog snying thig bla sgrub*), a ritual manual for the medical tradition’s own practice of empowering medicine.⁴ The historical concurrence of these figures and their work on a similar body of ritual practices set in place a symbiotic relationship between the two traditions that continues to the present day.

The importance to the medical tradition of the esoteric Buddhist practice of empowering medicine is also made clear in a biography of Yuthog Yonten Gonpo composed centuries after his lifetime by Darma Menrampa Lozang Chodrag, an influential medical scholar who served as the personal physician for the Fifth Dalai Lama. By this account, empowering medicine was one of the core teachings received by Yuthog and his ancestors in their travels to India, and several characters in the biography underwent long

Herbal Medicines (III) from Jampal Dorje’s *Beautiful Marvelous Eye Ornament*, Mongolia; 19th century. Part II, folio 25 *recto* & 25 *verso*. Reprinted in *Śatapitaka Series* (Vol. 82), New Delhi, International Academy of Indian Culture, 1971. Tibetan Buddhist Resource Center. W30452



searches, passed demanding tests, and paid considerable amounts of gold for the teachings. Yuthog's life story presents the practice as a Tantric contemplative procedure using deities particular to the medical tradition in order to generate a Medicine Buddha mandala within one's own body. The goal of this practice is primarily an extended lifespan, but it is also said to result in supernormal powers of special use to physicians, such as the ability to diagnose any illness by seeing into patients' bodies. As I have discussed elsewhere, these are benefits that attach to the practitioner, and not to medicinal substances, suggesting that empowering medicine practices are not only aimed at enhancing the efficacy of medicines but are also to be conducted for the benefit of doctors themselves.⁵

Beyond the empowering medicine practices, other healing technologies are prominent in texts attributed to Treasure Revealers associated with Nyingma lineages, further strengthening the connections between medicine and these religious lineages (see plates 52 and 53 of the Tibetan medical paintings discussed in chapter 10). In the eleventh century, the Treasures of the prolific Dorbum Chokyi Dragpa (Rdor 'bum chos kyi grags pa) were of great importance to the medical tradition. His discoveries, said to have been originally authored by Padmasambhava in the eighth century, contained a wealth of healing techniques (FIGS. 9.2 and 9.3) and are widely cited as authoritative by later medical writers, such as the Fifth Dalai Lama's regent, Sangye Gyatso (for more on this figure in the development of Tibetan medicine, see chapter 10).⁶ Renowned thirteenth-century Revealer Ramo Shelmen Yeshe (Ra mo shel sman ye shes) is another

figure especially revered by medical scholars for his insights into healing illness.

The Treasure Revealer Dorje Lingpa (Rdo rje gling pa, 1346–1405), an author of Nyingma Great Perfection (Rdzogs chen) teachings, revealed numerous texts beginning from the age of thirteen on topics that included medicine, astrology, rejuvenation alchemy (*bcud len*), and thread-cross (*mdos*) rituals.⁷ Many of Dorje Lingpa's prescriptions focus on enhancing religious practice, but a significant number of them directly address medical problems, including "heart pressure" (*snying rlung*), malignant intestinal ulcers (*khong lhog*), insanity (*smyo 'bog*), possession by planetary spirits (*gza' nad*), and the failure to conceive, as well as serious epidemic conditions, such as contagious fevers (*rims*), dysentery (*rgyu gzer*), and smallpox (*shu thor*).⁸

The Nyingma Treasure Revealer Ratna Lingpa (Rat na gling pa, 1403–1479), known for his compilation of early texts now referred to as the Nyingma Collected Tantras (Rnying ma rgyud 'bum), similarly disseminated such practices as empowering medicine and various kinds of healing therapies, as did Karma Chagme (Kar ma chags med, 1610–1678), an influential Karma Kagyu School scholar known for his syntheses of Kagyu and Nyingma teachings, and Chogyur Lingpa (Mchog gyur gling pa, 1829–1870), a prolific Nyingma Treasure Revealer who was one of Jamgon Kongtrul's own teachers.⁹ In the works of such scholar-adepts we find healing practices to be a mixture of pharmacological, contemplative, devotional, occult, astrological, and dietetic technologies, and, as discussed below, these Buddhist writers continued to be important sources for medical scholarship throughout Tibetan history.

Although connections between Yuthog's lineage and the Nyingma Treasure tradition reveal an intricate relationship between pharmacological and ritual methods of healing, it is not only here that we see such a bond. The Drangti medical lineage reaches back to Tibet's imperial period, when its members served as royal court physicians. In the eighth century a physician named Drangti served the Tibetan king Tride Tsugtsan (also known as Me Agtsom); Drangti is known for an early medical work that provides a significant perspective on medical knowledge in Tibet before the dominance of the *Four Tantras*.¹⁰ This prominent early lineage of medical scholars spanned centuries, during which it continued to be particularly close to the political leadership. In the thirteenth century, Drangti Jampel Zangpo (Brang ti 'jam dpal bzang po), who is said to have studied with Yuthog himself, became a high-level physician for the Sakya School leadership, which for several generations dominated the political landscape of central Tibet and Tibet's relationship with the Mongols.

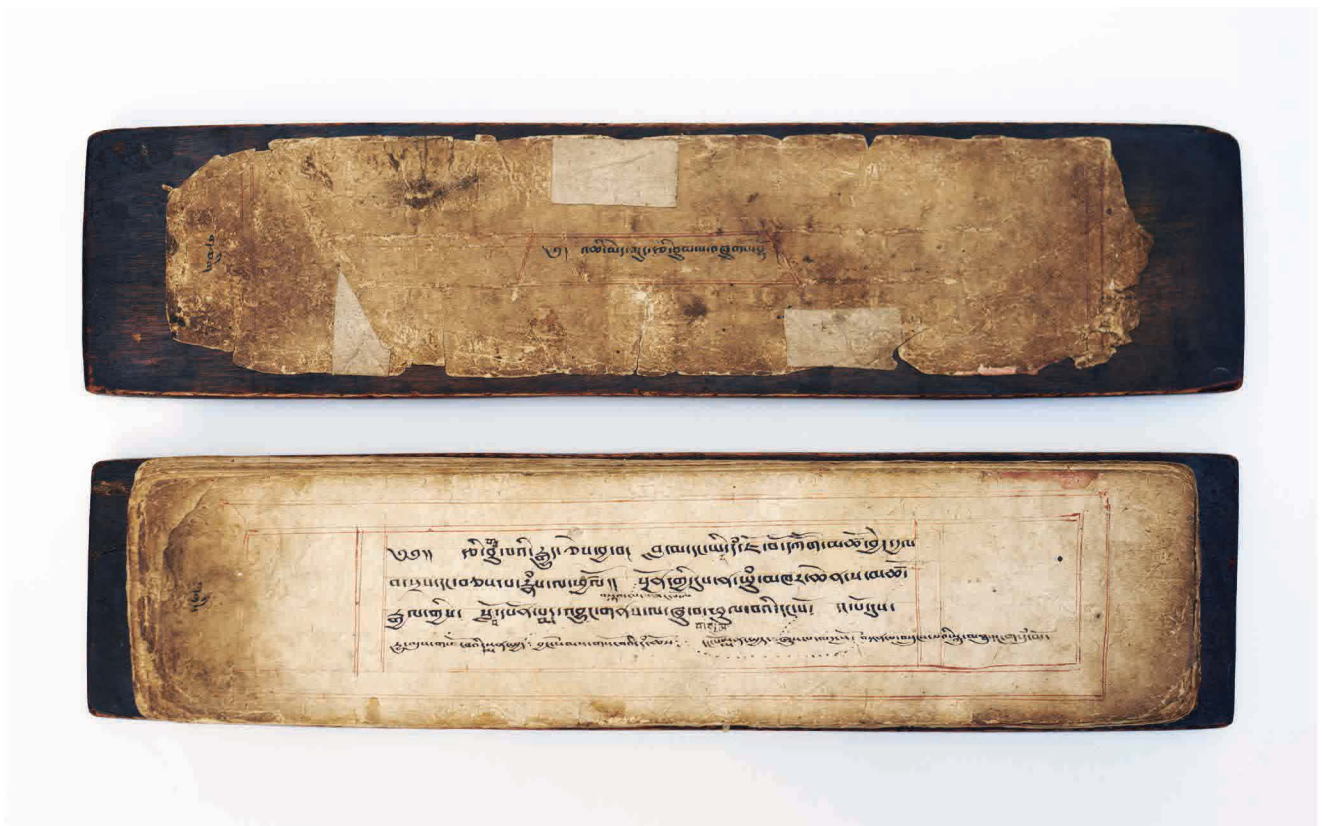
9.1 Detail from fig. 8.3. Drapa Ngonshe, in an illuminated manuscript edition of the *Four Tantras*. Tibet; date unconfirmed. Ink and watercolor on paper; 53.5 × 9 cm. Property of the Staatsbibliothek zu Berlin — Preussischer Kulturbesitz, Orientabteilung. Waddell 127, Folio 1 verso

The Tibetan monk Drapa Ngonshe is held to have discovered the *Four Tantras* as a "treasure," or revealed text, in Samye, central Tibet in the early 11th century.

9.2 Manuscript copy of the *Vase of Immortality Nectar* attributed to Padmasambhava. Central Tibet; date unconfirmed. Black and red ink on paper, folios held between two lacquered wood covers; 97 ff, H 4.5 x W 7 x D 25 cm. Private Collection



9.3 First folio of the manuscript of the *Vase of Immortality Nectar*. Central Tibet; date unconfirmed. Black and red ink on paper, folios held between two lacquered wood covers; 97 ff, H 4.5 x W 7 x D 25 cm. Private Collection





9.4 Manuscript of *A Hundred Verses Written from Experience* by the 16th century scholar and physician Gongmen Konchog Pendar (1511–1577). Central Tibet; date unconfirmed. Black and red ink on paper with silk bookmarks, folios held between two dark wood book covers; 205 ff. Private Collection



9.5 Title page and sample pages of a manuscript of *A Hundred Verses Written from Experience*. Private Collection

9.6 Thread Cross to Counter Diseases and Misfortune. Tibet; 20th century. Heinrich Harrer Museum, Hüttenberg, Austria



Successive members of the Drangti family — several of whom were prolific authors — held this post in the Sakya government as well.¹¹

The institutional ties that brought this medical tradition close to Buddhist circles are reflected in the healing practices of the tradition. A thirteenth-century anthology of the Sakya court that reproduces works from the Drangti lineage, entitled *A Measure of Gold, a Measure of Silver*, reveals a close connection between medical and religious healing practices.¹² The work's treatment of disease conditions records not one but numerous remedies for each condition, demonstrating how healers might carry out a range of treatments in the search for one that is effective. Some therapies recommend consuming medicinal substances prepared as pills, while others use surgical or manual operations, mantra recitation, manipulation of ritual effigies or other technologies such as thread-cross designs (FIG. 9.6), or the wearing of talismans. Often several such therapies are recommended together. This text illuminates the variety of therapeutic and protective technologies available to medical practitioners, showing how fluidly medicinal and religious (or “magical”) remedies might blend.

By the fifteenth century, students of the Drangti lineage inaugurated several subtraditions, branching into Northern and Southern schools, discussed below, as well as the prominent Gongmen tradition. The distinguished medical scholar Gongmen Kunchog Deleg (1447–1506) studied under Drangti Chogyal Tashi (Brang ti Chos rgyal bkra shis), one of the last of the prominent doctors of the Drangti lineage,¹³ as well

as with scholars of the Southern tradition. His student (and perhaps son or nephew) was the famous Gongmen Konchog Pendar (Gong sman Dkon mchog phan dar, 1511–1577), author of an influential medical text, *A Hundred Verses Written from Experience* (*Nyams yig brgya rtsa*) (FIGS. 9.4 and 9.5), who was himself the teacher of Tsarong Palden Gyaltsen (Tsha rong dpal ldan rgyal mtshan, b. 1535), a Buddhist monk from an aristocratic family. A childhood illness drew Tsarong Palden Gyaltsen to medicine, and he trained as a doctor; by his twenties he was already known for special expertise in the treatment of gout or arthritis (*grum bu*), and later in life he became famous for his treatment of smallpox (*'brum nad*) (FIGS. 9.7 and 9.8, and 9.9). He is also known for having founded a medical school. Tsarong Palden Gyaltsen became the first of the Tsarong medical lineage, and the Tsarong family continued to be prominent in central Tibet until the twentieth century.¹⁴ Tsarong Palden Gyaltsen wrote a recently republished short biography of his teacher, in which Konchog Pendar is described as having had medical talents from childhood; the biography details Konchog Pendar's studies at the Sakya medical college, his experiences learning with Drangti Chogyal Tashi, and his religious training.¹⁵

While scholarship on healing continued to develop in these medical lineages and in the esoteric Treasure tradition, within the institutional context of Buddhist monasteries and their medical colleges, major *Four Tantras* commentaries authored by medical writers also known for religious sophistication began also to show the extensive influence of Buddhism on medical scholarship. By the fifteenth century, two prominent schools of Tibetan medicine dominated the scholastic organization of medical teachings: the Northern school (Byang lugs) was founded by Jangdag Namgyal Dragzang (1395–1475), also known as Jangpa, and the Southern school (Zur lugs) was founded by Zurkhar Nyamnyi Dorje (b. 1439); both of them were known for religious as well as medical expertise.¹⁶

Hailing from an aristocratic family with a scholarly bent, the Northern school founder Jangdag Namgyal Dragzang

9.7 Detail from Fig. 9.8. Patient Suffering from Smallpox





७८॥ ॥ मङ्गलार्पणं ब्रह्म कृते नमः ॥ सृष्टौ प्रथमं कृतं ॥ ॥ मङ्गलार्पणं ब्रह्म कृते नमः ॥ सृष्टौ प्रथमं कृतं ॥

9.8 Contagious Fevers. Plate 43 of the Tibetan medical paintings (Ulan Ude set). Lhasa, central Tibet; early 20th century. Pigments on cloth; 86 x 68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia

is said to have studied a variety of subjects with prominent teachers of his day, eventually authoring thirty-five scholarly texts on Buddhism and twelve medical texts. His many students continued this trajectory of publication. Despite a significant body of textual material produced by the tradition, given the youth of Tibetan medical history as a topic of research outside of Tibet, secondary scholarship on the distinguishing features of the Northern and Southern schools is scarce. Fernand Meyer suggests that they disagreed primarily on “specific questions such as the localization of a few channels or points of intervention in the body, as well as the identification of certain drugs,” and that there may also have been regional alliances distinguishing the schools.¹⁷ The contemporary Tibetan medical historian Jampa Trinle concurs that the schools differ largely on the means of recognizing medicinal herbs, adding that environmental factors account for differences in both treatment approaches and epidemiology, the Northern tradition specializing in conditions common to extreme cold and high altitude, and the Southern tradition specializing in epidemic conditions endemic to hotter regions.¹⁸

The Southern school founder Zurkhar Nyamnyi Dorje is known for contributing to Tibetan pharmacology, for instance, by convening a pan-regional conference devoted to the topic and composing texts on pharmacy and *materia medica*, including the work for which he is most famous, the still-used *Ten Million Relics* (*Bye ba ring bsrel*). Nyamnyi Dorje’s work focused not only on pharmacological methods of healing, however, and as with others of the medical tradition, he was heavily connected to Buddhist practices and scholarship. He is known for developing and promoting the infamous

“black pill” (*rin chen ril nag*) recipe, for example, based on the teachings of the Kagyu author Rangjung Dorje (1284–1339), the third Karmapa and a pioneer of yogic physiology and practice (FIG. 9.10). These esoteric alchemical teachings passed eventually to the Southern tradition offshoot school of the Drigung Kagyu (‘Bri gung bka’ bgyud) and later to the Situ tradition, about which more will be said below. In this practice, mercury is detoxified and then mixed with other ingredients while mantras are recited and the Medicine Buddha propitiated, after which pills are formed and then consecrated with an empowering medicine ritual (see also chapter 10, FIGS. 10.14–22).¹⁹ Nyamnyi Dorje is also known for his strong ties to the *Yuthog Heart Essence* teachings on empowering medicine.

Zurkhar Lodro Gyalpo (1509–1579?), said to be Zurkhar Nyamnyi Dorje’s nephew, was also a serious scholar of religion who spent his life as a monk and studied widely with contemporary experts, including the Eighth Kagyu Karmapa, Mikyo Dorje (1504–1554), among others. He spent time at Sakya Monastery, a politically influential site that had also become famous for medical education. Zurkhar Lodro Gyalpo is remembered for having discovered a hidden manuscript of the *Four Tantras* written by Yuthog himself. The resulting *Four Tantras* woodblocks led eventually to distinct editions of that work known as the *Bodong* (*Bo dong*), *Tagten* (*Rtag brtan*), *Kyirong* (*Skyid rong*), *Drongkhang* (*Grong khang*), and *Kongpo Gyupa Gampo* (*Kong po rgyud pa gam po*) editions; they also formed the basis of the influential 1640 Dratang edition of the *Four Tantras* (*Gra thang rgyud bzhi*) created at the time of the Fifth Dalai Lama.²⁰ Zurkhar himself composed the most influential Southern tradition *Four Tantras* commentary, *Instruction*

9.9 Manuscript of one of Tsarong Palden Gyaltsen’s works on epidemic smallpox. Central Tibet; date unconfirmed. Black and red ink on Tibetan paper bound with cloth cover; 24 ff. Private Collection





9.10 Painting of Rangjung Dorje, the Third Karmapa, in the Karma Gardri painting style. Eastern Tibet; 1800–1899. Pigments on cloth; 71.12 × 50.8 cm. Rubin Museum of Art. F1996.3.1 (HAR 407)

Rangjung Dorje informed the medical works by Zurkhar Nyamnyi Dorje (early 15th century).

9.11 Situ Panchen.
Tibet; ca. early 18th
century. Pigments on
cloth; 97.8 × 58.7 cm.
Rubin Museum of Art.
C2003.29.2 (HAR 65279)

of the Elders, a work widely used by medical students today. This commentary draws on medical knowledge and Buddhist doctrinal debates, demonstrating Zurkhar's expertise with a wide range of Tibetan and Indian medical and religious scholarship. Many of the opposing positions noted in this text are references to the work of the Northern school founder Jangpa, placing the two thinkers and their traditions in dialogue. Like Nyamnyi Dorje, Zurkhar was also heavily engaged in the theories and practices of the *Yuthog Heart Essence* and those of the esoteric Kagyu author Rangjung Dorje.

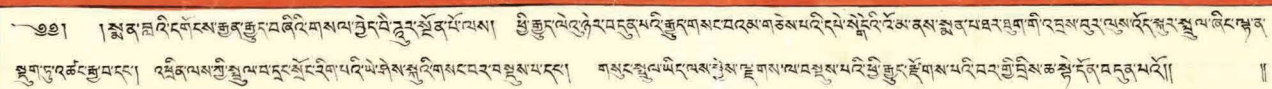
By the sixteenth century, a branch of Southern tradition lineage holders dominated by Buddhist scholars from the Drigung Kagyu tradition developed, becoming known as the Drigung school of medicine. Hybrid healing technologies characterized the writings of this tradition as with those above. Some medical works were composed by those known primarily as religious figures, such as Drigung Rinchen Phuntshog ('Bri gung rin chen phun tshogs, 1509–1557), a well-known Kagyu master and Treasure Revealer who was the abbot of the Drigung monastery for several years; other authors were more famous as doctors, such as Drigung Chokyi Dragpa ('Bri gung chos kyi grags pa, 1595–1659), a renowned Kagyu master who was also a physician. Deumar Tenzin Phuntshog (De'u dmar bstan 'dzin phun tshogs, b. 1672), the author of many works on topics, including medicine, religious practice, drama, and art and founder of a Kagyu monastery in Kham, is nevertheless most famous as a medical scholar. Deumar's writings demonstrate a range of therapeutic approaches: his work on phlegm disorders, for example, begins with instructions on the classification and identification of these conditions, followed by a range of treatments, including pharmacological therapies in the form of pills, powders, or decoctions, and therapeutic rituals, such as protective charms, mantra recitation, and edible letters. His sources for these healing technologies are the Revealed Treasures of earlier masters.²¹

The eastern Tibetan polymath Situ Panchen (1700–1774, FIG. 9.11) relied heavily on the works of these and other Drigung medical writers. He supported institutional medicine by sponsoring the reprinting of medical treatises and establishing a medical college in his region, but he himself was also a serious student, teacher, and practitioner of medicine. His tradition's most significant medical work, the massive two-volume *Compendium of Situ's Medicine in E and Wam [Volumes] (Si tu sman bsdus e wam)*²² documents a vast assortment of healing techniques. As an anthology of citations spanning hundreds of years of medical and religious scholarship, the *Compendium* reveals much about the Drigung medical school. In this collection we see the



Four Tantras playing a secondary role to another work of the same period and by the same author, for example, the *Yuthog Manuscript (G.yu thog shog dril)*,²³ which is perhaps the most extensively cited source in the *Compendium*'s first volume (see chapter 8 on Yuthog's writings). Beyond the works of Yuthog, the array of sources cited in the *Compendium* displays an extraordinary temporal and geographical range, from the earliest periods of medical writing to Situ's own time, from Tibet to India to Nepal to China. The collection relies especially on Kagyu writers, however, as well as on a variety of Revealed Treasures. Indeed, Situ's medical tradition called upon the religious canon as often as the medical canon, and it often rejected the authority of the *Four Tantras* in favor of effective remedies drawn from Chinese, South Asian, and other medical traditions.

As was the case with Yuthog Yonten Gonpo's biography noted above, Situ Panchen's *Autobiography and Diaries* also reveal how medical and religious scholarship and practice are



combined in the life of an individual. Situ received little formal medical education before becoming an adult, but he showed a strong interest in treating illness and began his training with various kinds of ritual healing technologies. It was not until his thirties that Situ began to study the medicine of the *Four Tantras*, and from that point on, he began treating patients using Tibetan medicine and giving initiations in Medicine Buddha and *Yuthog Heart Essence* traditions. Situ's life story is an especially interesting example of hybrid training in its documentation of his study of Chinese medicine, which he also began in his thirties and continued throughout his life, and his practice thus combined remedies from Tibetan medicine, Chinese medicine, and other techniques he studied in Nepal and elsewhere. By his fifties, Situ was wholly engaged in medical practice, study, and scholarship, his autobiography documenting herb-collecting trips with students and daily consultations with specialists on healing remedies, such as therapies for smallpox, sexually transmitted diseases (*reg dug*), eye disease, or disease-causing serpent demons (*klu sman ril bu*), as well as a wide range of offering rituals for the purpose of healing illness.²⁴

The Making of Medical History

From the brief survey above, we can see how medical knowledge was often passed through kinship lineages and how distinct traditions were formed around these lines of transmission. We can also see, however, that the boundaries of these traditions were porous, with doctrines, texts, and individuals crossing affiliations in a complex web of influence. Not only did medical lineages cross paths with each other, but medical doctrines, texts, and writers were also intricately intertwined with religious doctrines, texts, and writers, so that the difference between the two can be difficult to identify. Indeed, from the thirteenth century onward, medical scholasticism became increasingly intertwined with Buddhist ethical ideals, theoretical structures, practical technologies, and institutional power, as even a quick look at medical history makes clear.

Our sources of knowledge about this relationship are, in part, the Tibetan histories themselves, and there is in fact a rich body of Tibetan literature on the history of medicine. One of the longest and most influential works on the topic is the *Mirror of Beryl*, written by the Fifth Dalai Lama's regent, Sangye Gyatso.²⁵ As his sources, Sangye Gyatso lists a number of histories of medicine authored over several centuries, beginning with some written as early as the twelfth century. Medical histories typically summarize the organization of different lineages or schools of medicine, much as I have done briefly above, and most of them empha-

size the tradition's prolific scholarship by listing the names of texts composed by major medical writers. Such histories portray doctors well known for both medical talent and religious erudition (FIGS. 9.12 and 9.13), many of them monks or religious leaders at monastic institutions and some being politically influential as well. As the life stories of prominent healers focus on their medical and religious training, and as the works they produce exhibit a wide-ranging assortment of therapeutic technologies, the structure and contents of histories themselves also demonstrate how the boundaries between medicine and religion are intentionally and rhetorically complicated.

The earliest extant medical history, *The Great Garuda Soars* (*Khog 'bugs khyung chen lding ba*), is attributed to Yuthog Yonten Gonpo himself.²⁶ This text gives us a glimpse into an early method of historically constructing a Tibetan medical tradition in relation to Buddhism. The work first situates medicine as one of the five major arts and sciences, or *rigne* (see chapter 5 on this taxonomy), pointing out that the acquisition of knowledge and skill in medicine is an essential practice for one on the Buddhist path. Already at Yuthog's time, therefore, history was being written to position medicine as a fundamental part of the Buddhist path. This text also argues that medicine in general and the teachings of the *Four Tantras* in particular belong in the class of literature that was spoken by the Buddha himself, emphasizing that medicine had been part of the wider Indian Buddhist literary corpus too. Finally, the text presents the idea that the *Four Tantras* itself is a Tantric work in a particularly Nyingma way. This early text is thus clearly a historical narrative arguing for an understanding of medicine as fundamentally Buddhist.

Most Tibetan medical histories share this general position, although each has its own perspective and methods of argument, as I have discussed elsewhere. A fourteenth-century history by Drangti Palden Tsoje, for example,²⁷ also begins by contextualizing medicine within the five arts and sciences, and it shares other general similarities with Yuthog's history.



9.12 Entrustment of the *Four Tantras*. Plate 77 of the Tibetan medical paintings (Ulan Ude set). Lhasa, central Tibet; early 20th century. Pigments on cloth; 86 × 68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia

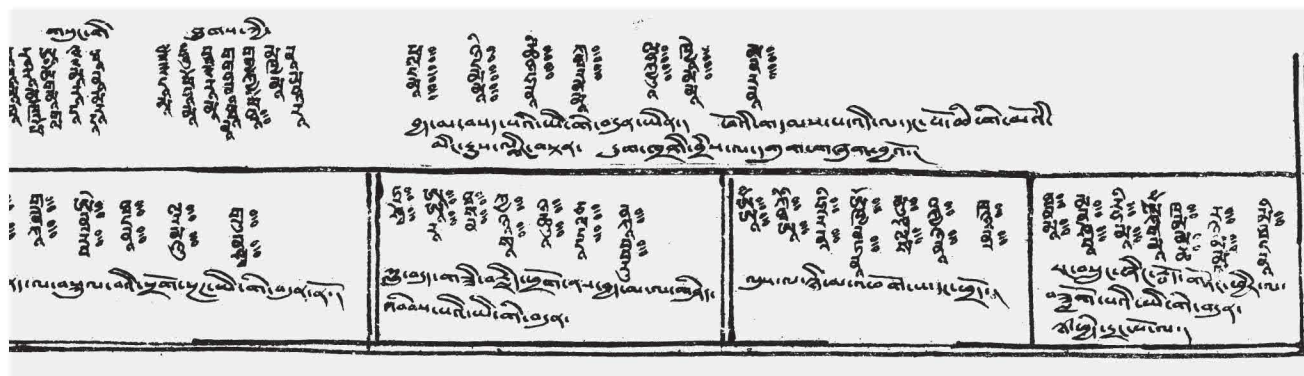
9.13 Detail from Fig. 9.12. Study of Medical Text at Night



9.14 Painting of Gampopa (born 1079). Tibet; 18th century. Pigments on cloth; 81.3×57.2 cm. Rubin Museum of Art. F1997.18.1 (HAR 276)

9.15 Edible Letters.
From a Collection of the
Treasure Discoveries by
Pema Lingpa. Manang,
Ngawang Fopgay, New
Delhi India, 1975. Tibetan
Buddhist Resource Center.
W00EGS1017093

These were often
copied and then eaten
as medicine. From a
reproduction of a rare
manuscript collection.



Unlike the earlier work, however, Paldan Tsoje focuses significant attention on the dissemination of medical knowledge during Tibet's imperial period, emphasizing the significant contributions by Chinese and Central Asian scholars to Tibetan medical knowledge, an important theme in later medical histories.²⁸

The Genealogical Construction of Illness and Healing

It is not only histories of medicine that provide us with clues to how healing practices and traditions developed, however. As an alternate resource, we might look at works like the *Blue Annals*, which is a well-known fifteenth-century text in the history of religion (*chos 'byung*) literary genre, by Go Lotsawa Zhonupal ('Gos lo tsa ba gzhon nu dpal, 1392–1481), a student of the famous Tsong Khapa.²⁹ The text is organized into fifteen chapters, each of which consists of sections primarily dedicated to a particular lineage or school of Buddhism. This work is an example of those that represent history though recording genealogies of teacher, reincarnation, and textual output; as such, the *Blue Annals* consists largely of one short biography after another. The structure and contents of the biographical sketch thus serves to demonstrate how an individual is qualified to participate as a member of a given lineage or tradition.

Although no section of this history is explicitly devoted to medicine, a study of biographical sketches contained in the work reveals numerous individuals referred to as healers, using the term Lhaje (Hla rje) and many stories of illness and healing that provide interesting perspectives on the practice of medicine. The overwhelming majority of references to medicine or healing occurs in only four of the fifteen chapters of the *Blue Annals*, however: in the third, on the Nyingma lineages and the early translations of tantras; in the eighth, on the lineage of Marpa and the early Kagyu teachers; in the twelfth, on the Pacification tradition (*zhi byed*); and in the thirteenth, on the Cutting Off tradition (*gcod*). Discussions of the early stages of the second diffusion of Buddhism that

focus on western Tibet and the great translators and on the building of temples (chapter 2) contain no mention of anyone with the title of doctor, nor is there any mention of illness, healing, or medical study. Discussion of the new transmission tantras (chapter 4) contain only four relevant references, all of which are related to the story of Macig Labdron. In the chapter on Atisa's lineage and the Kadampa order (chapter 5), there is only one passing mention of a doctor and one short discussion of someone who treats what may be leprosy (*klu'i nad*). The chapter on the origins of Madhyamika (chapter 6), and the chapter on the lineages of the Yamantaka, Samvara, and other tantras (chapter 7) likewise each contain only one passing mention of a doctor. The chapters on the lineages of Kodragpa (Kho grag pa) and Niguma (chapter 9), on the Kalacakra (chapter 10), and on Mahamudra (chapter 11) contain no mention of anyone referred to as a healer, although they are filled with long lineage lists and numerous biographies, like every chapter in the *Blue Annals*. Although many of the important individuals in these chapters are said to be widely educated in diverse textual traditions, none of the individuals here is said to have studied medicine, with one exception. With only one exception, again, the experience of illness is mentioned in none of these biographies.

These observations are striking in contrast to chapters 3, 8, 12, and 13, where many lineage holders and other important figures are titled doctor or Lhaje, and where many biographies mention the study of medicine and experiences of illness and healing. The first section of chapter 3, the chapter about early Nyingma lineages, contains by far the most people named Lhaje (although it is rarely noted that they studied medicine). The Zur family, for instance, headed by one Lhaje Zurpoche (Zur po che), had many brothers and offspring also called Lhaje. Lhaje Zurpoche seems to have been an important figure, as his biography states that he studied, classified, and wrote upon numerous Nyingma tantras and their practices. Others in this chapter similarly studied early Nyingma and Dzogchen teachings and possessed the

[illegible]

9.16 Dietetics. Plate 22 of the Tibetan medical paintings (Ulan Ude set). Lhasa, central Tibet; early 20th century. Pigments on cloth; 86 × 68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia

This Plate shows nourishing and life-sustaining cooked foods and beverages, including water sources in the upper part. The lower part illustrates unwholesome foods and how to avoid food poisoning.

title Lhaje, although without specific mention of medical knowledge or writing. An exception is one eleventh-century figure from a monastic family and a student of another Lhaje, himself from a family of many named Lhaje, about whom it is said, “When he was performing the bDud rtsi rituals, a goddess of medicine appeared from her Palace of Medicine and circumambulated the mandala three times.”³⁰

Chapter 8, on Marpa and the early Kagyu teachers, contains several figures who possess the title Lhaje, numerous people who are said to have studied medicine, and many experiences of illness discussed. The most prominent figure with the title is Gampopa (Sgam po pa, b. 1079, FIG. 9.14), about whom it is simply said, “In his youth he studied medicine (*sman*) and knew it like a scholar.”³¹ Gampopa studied medicine as a youth from his own father, another Lhaje. Several other figures in this section were known for their study of medicine and astrology.³² The lineage of Karmapa reincarnations throughout the next several centuries, also discussed in this chapter, mentions several figures who studied medicine and were famous for quelling epidemics.

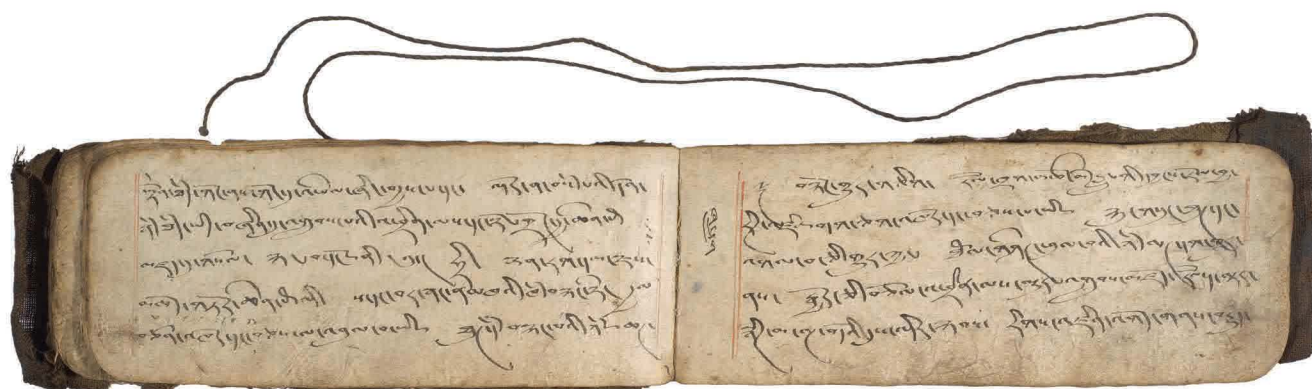
Most of the biographies in chapter 8 also contain descriptions of illness, and the healing technologies described here are particularly interesting: one illness is treated by an astrologer, one by the strength of compassion, one by Mahamudra doctrine, one by *yantra*, and one by seclusion. The experience of illness in several cases is used to strengthen religious practice. One twelfth-century man suffered illness and feuds, and “through them he realized dependent origination and became a Bodhisattva of the 10th stage.”³³ Another, when met with a series of serious misfortunes, family problems, and lice (*shig nad*), turned all of them to the benefit of his spiritual practice. Later in his life, “internally he was afflicted by mental ailments, and externally he was tormented by demons.... But all this helped his concentration of mind and the force of his inner knowledge developed.”³⁴ Another man

almost gets leprosy by seeing a shower of serpents from the sky, and then he almost dies from lice. “When he was afflicted by the disease caused by lice, he did not kill even a single louse, prevented by his *bodhicitta*, and throughout this illness, he interpreted it with the help of the Mahamudra doctrine. The disease was thus quickly healed.”³⁵

The notion of illness as a contribution to spiritual development continues in the chapters on the Pacification and Cutting Off traditions, chapters 12 and 13. A prominent Pacification teacher says to a student that “Those who practice meditation ... will not suffer even from headache.”³⁶ Indeed, biographies of the lineage holders and important teachers of these traditions focus explicitly on their experiences of illness. While there are many references to illness and healing in these chapters, however, there are few references to people named Lhaje and fewer references to people studying medicine. One twelfth-century figure is said to have studied Tantra with his father and grandfather. When he thought he had contracted leprosy, he stayed in seclusion with “a secret text” and recovered. Later, his study of Pacification practices is also said to have benefited his illness. When once he had a bloody nose from non-observance of a penance vow, “medicine was of no avail.”³⁷ These biographical sketches thus reveal a conflict between medical and religious treatments, as is also suggested by the following story about a Cutting Off practitioner who had had a “stroke” (*gnam gdon*):

He showed his pulse to a doctor (*lha rje*), who said that if he continued the treatment he might live. But he answered: “I don’t want any medicine (*sman*)! I will carry on my religious practice (*dge sbyor*)!” After that they carried him to a rock-cave near Drimdo. There too a doctor was invited, who failed to make him take medicine. “Don’t hang around here!” he said, and told them to go away. Then he surrendered

9.17 *Torma* practice description is found in this text, the *Collection of Teachings on Medical Practice and Offerings to Protectors*. Central Tibet; undated. Private Collection





9.18 Torma Offering to Medicine Buddha. Central Tibet; early 20th century. Private Collection, Tibet

(to the practice expressed by the words): "Illness is joy! Death is happiness!" (*na dga' shi skyid*). The next morning he began to feel better. After 3 or 4 days, Trichung'od of Yamzang went there bringing a doctor and three or four carcasses (of sheep). The doctor examined his pulse and declared: "The disease has been cured! How amazing!" His health was even better than before his illness.... [From then on,] whenever he felt ill, he never took medicine, but only practiced Cutting Off (*gcod*).³⁸

The *Blue Annals* is a religious history replete with stories of illness and healing in which a doctor, a Lhaje, is rarely the one who cures. To the contrary, illnesses are cured by many things other than doctors: illnesses are treated by astrologers, by the strength of compassion, by a range of religious doctrines, by seclusion, by voices in the sky, by "avoiding anxiety," by reciting mantras, by assuming the shape of a large demon-eating *garuda*, by meditation, by the proper prognostication of omens, or by sleeping on cold stones. The fact that in the entire *Blue Annals* (and this is a massive text), there are no more than a handful of references to the role of the doctor in treating illness emphasizes the prominence of religious or ritual practices to healing in the broader Tibetan world. It is clear from this *Blue Annals* survey that certain lineages considered the experience of illness to be a critical historical fact in an individual's life, moreover, while other traditions considered such experiences not worth mention at all, demonstrating how the narrative style of the *Blue Annals* is accepting, not critical, of localized historical narratives and localized expressions of group identity.

By looking at teaching lineages, scholarship on healing, and histories, we have seen in each case that the connec-

tions between medicine and religion historically are deep and complex. Our approach to understanding the relationship between medicine and religion, or between illness and religious practice and healing, must be quite nuanced, therefore, as we notice how localizable lineages or traditions may articulate this relationship in different ways and how, moreover, this articulation will be different in different moments of history.

Historicizing Healing Practices: Letters, Foods, and Children

Thus far we have examined how the transmission of medical knowledge through lineages or institutionalized medical colleges, the contents and structure of medical histories, and the healing practices of localized lineages in a religious history all illustrate modes of relationship between medicine and religion. A fourth and equally valuable approach to studying the history of medicine or healing in Tibet, however, would be to examine the histories of healing practices themselves. In what follows I briefly review three case studies exemplifying this approach, each of which I have written about more extensively elsewhere.

First, a study of the therapeutic and prophylactic practice referred to as "edible letters" (*za yig*) reveals fascinating connections between Tibetan and Chinese therapeutic technologies and also tells us more about the cross-disciplinary nature of healing. Found both in Tibetan Treasure texts and medical literature, this practice involves the eating of small papers on which letters of the alphabet (but not words) are written (FIG. 9.15). This talismanic practice is prescribed for a range of practical needs, from increasing one's wisdom or winning arguments to protecting against disease or spirit

possession, and it is often combined with Buddhist visualization exercises. Research into the history of this tradition reveals a likely connection to similar Chinese practices and the notable absence of an Indic practice of eating talismans for exorcistic, healing, or prophylactic aims. Rooted in the Treasure tradition and labeled a Buddhist Mahāyoga teaching, edible letters also plays a role in medical traditions and is quite centrally focused on the healing of illness. It is apparent with the example of this healing technology that it is not easy to distinguish between religious and medical modes of healing, for the practice is deeply cross-disciplinary, involving contemplative, devotional, occult, medical, astrological, cryptographic, and dietetic realms of knowledge and practice. The patterns of exchange between these realms and how these patterns change over time recommend new ways of reading across disciplines, and new ways of understanding how practices and discourses may wind their ways through and across geographic, sectarian, professional, or doctrinal boundaries.³⁹

The example of dietetics offers similar insights. In the tradition of the *Four Tantras*, dietary recommendations are provided for most disease conditions. Three chapters of this

work directly address the importance of proper diet, with dietary therapy involving consuming or avoiding foods that affect the humors, physical constituents, or other aspects of the body (FIG. 9.16). Food is therefore understood essentially in terms of its power to support health and treat illness, and medical texts prescribe foods alongside medicines in the forms of pills, powders, or decoctions. What is interesting about this topic, however, is that it is of significance also in more religiously oriented literature. The thirteenth-century *Yuthog Heart Essence*, for example, a collection that lies along the borders between medical and religious writing that outlines the practice of empowering medicine also provides food recommendations for healing illness. These remedies have parallels in other empowering medicine traditions, such as those composed by the Nyingma Treasure Revealer Guru Chowang mentioned above. Also among his writings are recipes that treat contagious diseases, poisons, heart disease, smallpox, eye disease, and more.⁴⁰ Guru Chowang's recipes describe methods of boiling, grinding, straining, or drying ingredients to form not only pills but also powders, ointments, soups, beers, butters, or porridges aimed specifically at healing illness and promoting health.

9.19 Details from Fig. 9.20. Promotion of Health and Long Life of Children

Immediately after birth and the cutting of the umbilical cord, the baby is taken in the lap, bathed in scented water, and has the sacred syllable *hrih* written in saffron on the tongue (top).

Following ingestions of symbolic foods, the mother (or if she has no milk, a wet nurse) breastfeeds the child. The navel is massaged with *ruta* and butter (middle).

From three days after birth, prayers are offered and rituals are undertaken, including a ceremony involving the arrow of longevity. There follow illustrations of diet and childhood diseases in relation to mother and child (bottom).





9.20 Pediatrics. Plate 45 of the Tibetan medical paintings (Ulan Ude set). Lhasa, central Tibet; early 20th century. Pigments on cloth; 86 × 68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia

The widespread presence of food therapy in religious as well as medical works makes it clear that the practice is not exclusively medical. The Treasure Revealer Sangye Lingpa (Sangs rgye gling pa, 1340–1396), for example, in a text called *Clarifying the Very Essence of Food and Drink, Nectar for the Path to Enlightenment*, writes in detail about food practice. Not a doctor himself, Sangye Lingpa observes that if one is not sure how to practice healthy eating, it is the medical tradition that proves authoritative: “If you don’t know yourself the details about how [this practice] benefits you, you should ask an expert of the medical healing kind [*gso dbyad rigs gnas mkhan*],”⁴¹ he writes. Here he acknowledges the medical tradition’s expertise in dietetics, which he refers to as “the medical treatment of compatible food and drink” (*mthun ba’i bza’ btung sman dpyad*).⁴² Going beyond practices within the province of medical specialists, however, Sangye Lingpa’s writings on food therapy are part of an exercise known as “food yoga” or “food practice” (*kha zas kyi rnal byor* or *zas kyi rnal byor*). This broader practice is largely concerned with making food offerings to deities and harmful spirits (FIGS. 9.17 and 9.18), but it also involves various contemplative exercises based on specialized eating practices, many of which are explicitly targeted at healing illness and promoting health.⁴³

Finally, another approach to exploring the history of medicine or healing in Tibet would be to focus on a particular audience or type of disease, as opposed to particular therapies as in the two cases above. The topic of healing children’s illness is an especially rich ground for looking at how medical and religious theories and practices are entangled throughout history, and as in the examples above, the work of treating children brings forth a remarkable cross-section of ritual technologies. Pediatric care is the subject of chapters 71, 72, and 73 of the third volume of the *Four Tantras*, but it is also a subject addressed in nearly every other work on Tibetan medicine, as well as a good number of works in the religious corpus. These texts describe a full spectrum of technologies aimed at healing and protecting children; recommending the feeding of pills, soups, butters, beers, or texts to children,

parents, or deities; physically manipulative techniques, such as surgery, washing, anointing, fumigating, or massaging children; the wearing of all kinds of amulets, talismans, strings, papers, ointments, or letters; and the theatrical staging of elaborate hospitality or ransom rituals (FIGS. 9.19 and 9.20) for the benefit of treating children. In addition to more complex ritual methods, other healing techniques include simply isolating the afflicted child in a place where there are no harmful spirits; relying on medicine alone; and offering dough figures (*gtor ma*) while moderating food intake following ritual prescriptions.⁴⁴

* * *

This essay has considered the history of Tibetan medicine from a number of different angles. The transmission of medical knowledge through kinship or teacher-disciple lineages reveals connections to Esoteric healing practices of the Treasure tradition, to Buddhists in positions of political power, and to the institutional context of Buddhist monasteries. The life stories of prominent medical scholars and the contents of their medical texts also show us how permeable disciplinary boundaries are when the aim of practice is to heal illness. Histories of Tibetan medicine exemplify efforts to codify the tradition’s place in a Buddhist world, and yet the *Blue Annals* suggests that our understanding of healing must be made both more expansive, to include practices conducted by a wide range of specialists, and more particular to attend to the localized and historically changing articulation of such practices. Healing illness through such exercises as eating letters or modulating food intake is the concern of medical and religious writers alike, and pediatric care in particular requires healing technologies of every available kind. Our study of Tibetan medical history makes it clear that there is no single Tibetan medical tradition and that research in the area should focus on further understanding the diversity of this rich history and on situating the study of Tibetan healing practices both locally and historically.

Chapter 10

Buddhist Practices and Ideals in Desi Sangye Gyatso's Medical Paintings

Janet Gyatso



An extraordinary set of seventy-nine paintings produced under the auspices of the Ganden Phodrang government at the end of the seventeenth century represents traditional academic Tibetan medicine at the height of its powers. The set is testimony to the cultural and artistic resources of the state at the time, representing the first and only comprehensive, lucid, and stunningly beautiful representation of medical learning and practice in Tibetan history. The plates provide striking examples of Tibetan illustration at its most sophisticated and accomplished levels. The set is also a cultural product that reaches far beyond its ostensible purpose of representing medical knowledge by displaying a distinctively medical perspective on Tibetan culture overall.

Much of the set's broader significance may be appreciated in terms of the history of Tibetan painting. The subject matter of the medical paintings expanded the repertoire of what can — and should — be the subject of the visual arts, portraying topics that were never painted before. Their images address ordinary human experience, social issues, and practical ethics in everyday terms; they also gesture to the power of the state that underwrote their production as well as the place of religion therein.¹ Thus did medical illustration become a potent vehicle to reach beyond itself and to comment on a wide range of matters in Tibetan life.

The mastermind and impresario behind the set of paintings was the learned scholar and regent of late seventeenth-century Tibet Desi Sangye Gyatso (Sde srid Sangs rgyas rgya mtsho) (1653–1705, FIG. 10.1). The Desi left a few brief statements about his own intentions in producing the medical illustrations, which he characterized largely in terms of their use for teaching medicine. He maintained that to present medical knowledge in visual form would aid understanding,² and that “pointing a finger” at the illustrations involves a different educational method than reading words, since illustrations give direct visual information that words do not.³ In another statement made later in his life, the Desi added that images are more easily grasped by everyone from scholars to children, just as one can easily see “the shape of a myrobalan fruit in the palm of one's hand.”⁴

Indeed, the set's many intricate anatomical illustrations and renderings of medicinal herbal species, minerals, and a plethora of medical conditions do exactly that: they illustrate medical knowledge lucidly in a way that it can be grasped at a glance. And yet on reflection, and with historical hindsight, we can also note further messages conveyed by the medical paintings, both explicitly and implicitly. One important dimension of their larger significance concerns the place of Buddhist practices and aspirations within the broad scope

of Tibetan society, that is, from the perspective of state-sponsored academic medicine (*gso ba rig pa*).

Medicine in the Seventeenth Century:

The Ganden Phodrang State and Buddhist Rulership

The painting set reflects the important role of medicine in the newly established Ganden Phodrang government founded by the “Great Fifth” Dalai Lama, Ngawang Lozang Gyatso (1617–1682, FIGS. 10.2 and 10.3) in 1642. The Desi served the Dalai Lama during the last years of his reign, and the ruler had already passed away when the paintings were executed. But making the set was an important way for the Dalai Lama's carefully chosen administrator and intermediary to complete the mission that the ruler had given him to lift up medical practice and learning. The Great Fifth, along with aristocratic physicians in his court, such as Changopa Nangso Dargye and Darma Menrampa, had already initiated massive efforts to revive old traditions of medicine and to initiate new ones. During his lifetime he built and funded several medical colleges in central Tibet. This was followed by the Desi's own establishment of a medical school, Chagpori (Rigche Drogenling, the “Iron Mountain Science Island that Benefits Beings” (Lcags ri rig byed 'gro phan gling), which was underwritten by the Ganden Phodrang government in 1696. This college is further discussed in vignette 3 in this volume.⁵

The Dalai Lama had also ordered the editing and printing of the great Tibetan classics of medicine and instituted major healing rituals in the capital. He sought out and invited physicians from many parts of greater Tibet and South Asia to visit his court, teach new techniques to the doctors in his court, and help translate hitherto unknown works into Tibetan. He led extensive efforts to locate old and rare Tibetan works on medicine and to edit and publish them. And he commissioned new medical writings by Tibetan physicians, initiating an outpouring of medical commentaries, histories, recipe books, and manuals for practice based on clinical experience. This included an elaborate narrative of the life of Yuthog Yonten Gonpo “the Elder” that tied the history of medicine to the ancient Tibetan empire, the Yarlung dynasty. In a pattern repeated by the Qianlong emperor in China a half century later, the Dalai Lama's achievements served to standardize, canonize, and even create orthodoxies, and to foster the allegiances of the medical intelligentsia. Most of all, the Dalai Lama's patronage of medicine served to enhance the ruler's reach over Tibetan society and culture.⁶

The Desi also characterized his production of medical paintings as the cause for the longevity of the Dalai Lama and of the Ganden Phodrang government.⁷ In this he was gesturing to a deep homology between the Dalai Lama, the

Herbal Medicines (IV)
from Jampal Dorje's
*Beautiful Marvelous Eye
Ornament*. Mongolia;
19th century. Part II,
folio 27 *recto* & 27 *verso*.
Reprinted in Śatapitaka
Series (Vol. 82), New Delhi,
International Academy
of Indian Culture, 1971.
Tibetan Buddhist Resource
Center. W30452

state, and the strength of medical learning, but not only for the obvious reason that good doctors in the capital would help insure a long life for the ruler. The Dalai Lama and the Desi saw the new Ganden Phodrang government as having a critical responsibility to foster medicine as a fundamental way to benefit the populace. Such activities reflected their vision of what a centralized state was supposed to do. Medicine had thus become a key to knowledge and was supported by the government in the form of subsidies for schools, publications, and even stipends to individual medical scholars and practitioners.

Medicine was seen by the Dalai Lama and the Desi to be a part of the larger dispensation of the Buddha. Medicine had long been characterized in Indian Buddhism as one of the sciences (Skt. *vidyāsthāna*) that were critical for a complete education. There is reason to believe that Buddhist monks made contributions to medical knowledge almost as early as the time of the historical Buddha.⁸ Indeed the Buddha himself was believed to have provided some medical teachings in certain sutras, and one of his epithets was “Great Healer,” an image with which the Fifth Dalai Lama identified. In fact, narratives of medical history characterized the efforts of the early Tibetan kings to import Indic and other forms of Asian medicine as similar to their efforts to import Buddhism. The Dalai Lama saw himself as contributing to this civilizing activity, a vision that he inculcated in the Desi, his protégé. The Desi speaks repeatedly of the critical importance of promoting medicine for the good of the people and of the state itself. His creation of the medical paintings is thus part and parcel of that larger horizon, an effort to promote medical wisdom in as effective way as possible.

The Desi writes that he himself had been interested in studying medicine since he was a child. In addition to his many other duties as administrator, both during the Dalai Lama’s reign and after his death, the Desi managed several momentous medical achievements. This included his establishment of the Chagpori medical school and the creation of an authoritative history of medicine in India and Tibet, which he composed toward the end of his life. His four-volume commentary on the medical classic *Four Tantras* (*Gyushi*), entitled *Blue Beryl*, became the authoritative source for Tibetan medical knowledge thereafter, even into the twenty-first century. The *Blue Beryl* is indebted to a long line of earlier medical commentaries in Tibet, but it also provides evidence of some of the innovations that the Desi accomplished during his lifetime, especially in the identification of medicinal plants and other aspects of the *materia medica* that improved and added to Tibetan medical knowledge. When the Desi went on to have the *Four Tantras* and his *Blue Beryl* illustrated in



10.1 Detail from Painting of Desi Sangye Gyatso, Regent to the Fifth Dalai Lama. Copy of the original held at the Potala Palace, Lhasa (cf. HAR 99079). Central Tibet; 19th or 20th century. Private Collection, US

a set of paintings, this unconventional medium for medical education opened up further opportunities for communication, testifying to the Desi’s complex conception of the place and significance of medicine in the Tibetan world.

Precedents for the Medical Paintings, and the Lack Thereof

The idea of creating a visual rendering of medical knowledge was the brilliant brainchild of the Desi. He had virtually no models or precedents for the project. Modern Tibetan scholars, including Jampa Trinle, have pointed to a number of early Tibetan texts that may have contained illustrations or descriptions of how to portray anatomy. Some of these texts were known to the Desi,⁹ and he cited a few later examples of

medical iconometry in his writings or in the colophons to the paintings.¹⁰ But virtually none of these early attempts to visually portray medical knowledge survives, except for an early diagram of moxibustion points with Tibetan captions from Dunhuang (see FIG. 4.1), as pointed out by Fernand Meyer.¹¹ Meyer and others have also speculated about some influence from Greco-Arab medical tradition in the Desi's depiction of the anatomy.¹² We can also wonder about the possible influence of some encyclopedias of medical illustration that originated in nearby areas, such as the thirteenth-century cosmological and medical treatise by al-Qazwīnī.¹³ Meyer suggests as well grids for acupuncture points that were used in China, but it is difficult to do more than speculate, for little

evidence is available to support any of these connections and there is no evidence that the Desi was aware of any of them. Certainly the Desi was not influenced by Indian medicine, which had produced no comparable illustrations of Ayurvedic knowledge up to that time. There was substantial medical illustration from China, including pharmacopoeia from the Tang, Song, and Ming dynasties, such as a major catalog of *materia medica* by the great naturalist Li Shi-zhen (1518–1693),¹⁴ but a comparison with the Tibetan illustrations shows little connection. A similarly spectacular illustration set of the “Imperially Commissioned Golden Mirror of the Orthodox Lineage of Medicine” (Yuzuan yizongjin-jian) was created in 1742, during the heyday of the Qianlong emperor, but that postdates the Desi's set by roughly fifty years.¹⁵

With the practice of medical illustration rare to nonexistent in Tibet, there is the further question of what artistic models were available for portraying the extensive details of daily life such as are also found in the medical paintings. There is a long Tibetan tradition of depicting donors at the bottom of paintings and illustrated manuscripts, which sometimes show lay people, houses, animals, and regional costumes.¹⁶ Captivating scenes of laypeople and buildings can also be found in narrative paintings of the life of the Buddha or other masters, both in *thangka* paintings and in murals on monastery walls.¹⁷ There are also a few examples in which everyday life is itself the center of attention, as in some early cave paintings and coffin decorations, as well as occasional depictions in monastery murals of their own construction and related activities.¹⁸ These examples in Tibetan art undoubtedly provided some ideas for the artists who created the medical paintings for the Desi, but they hardly sufficed to supply models for the array of scenes from medical practice, pharmacopoeia, and everyday life, work, and illness that we see in the set.

In addition to bringing existing traditions to new heights, the artists who executed the medical paintings seem in some cases to have been working from live models, as would indeed be appropriate for medical illustration. One of the artists with whom the Desi collaborated, Lodrag Tenzin Norbu (Lho brag Bstan 'dzin nor bu rgya mtsho), provided anatomical information based on his own observation of corpses. Plate 49 displays several anatomical images that are labeled as coming from the direct observation of dead bodies. We know that botanical samples for the artists were provided by local doctors from a variety of regions on the Tibetan Plateau for this purpose. The Desi also speaks of appointing another colleague, Jagowa Lozang Wangchug (Bya go ba Blo bzang dbang phyug), to interview local experts and obtain plant specimens so that they could be accurately

10.2 Detail from Painting of the Fifth Dalai Lama, Ngawang Lozang Gyatso. Copy of the original held at the Potala Palace, Lhasa (cf. HAR 99076). Central Tibet; 19th or 20th century. Pigment on cloth; 98 × 64 cm. Private Collection, US



rendered.¹⁹ The Desi's efforts remind us to some extent of the process under way in Europe a century or so earlier when Johannes Kentmann felt the need to consult widely on the exact appearance of the plants that he had so magnificently illustrated in his *Codex*.²⁰

The Desi says little about the actual conditions or the site where the medical paintings were made, but a mural in the Potala indicates that it may have been in the Jokhang Temple at the center of Lhasa.²¹ It is not clear how many artists were involved, but we do know that Lodrag Tenzin Norbu Gyatso drew many of the outlines and Lhepa Genyen (Lhas pa dge bsnyen) applied color.²² The Desi records working on anatomy with other scholar physicians, such as Lhundung Namgyal Dorje (Lhun sdings rnam rgyal rdo rje), whose oral instruction determined the anatomy represented in two of the plates.²³ Evidence indicates that the project took ten years to complete, from about 1687 to 1697.²⁴

It is not entirely surprising that the Desi could manage such a feat, given the huge leaps forwards in painting virtuosity during this period in the Tibetan capital and other cultural and religious centers, much of it owing to the Desi's own extensive patronage of artists.²⁵ And yet the combination of craftsmanship, scope, and singularity of subject matter in this particular set is astonishing. Unlike most painting in Tibet, which centered on religious ideals, this was a monumental effort to document the conditions of the mundane world, a subject that painters were not accustomed to portraying. Perhaps the absence of moral censure usually imposed by religion on the banality — not to mention the impurities — of everyday life opened up a new freedom for artists to experiment and to portray subjects realistically. Such extraordinary achievements in depiction are evident not only in the large anatomical illustrations but also in the many delightful small vignettes of human life that can be found throughout the set.

One sure sign of the impact of the medical paintings is the number of times they were copied. The original set seems to have been deposited at Chagpori Medical College,²⁶ but other copies were in existence at least by the time of the Seventh Dalai Lama (1708–1757) or the Eighth Dalai Lama (1758–1804).²⁷ Parts of a copy were on view at the Yonghe Gong Tibetan Buddhist temple in Peking during the first half of the twentieth century,²⁸ and apparently a set had also been at Labrang Monastery in eastern Tibet.²⁹ Other copies of segments from the set are known to have been located elsewhere,³⁰ and single plates from the set were reproduced as individual xylographs and distributed independently as well.³¹

By the time of the Thirteenth Dalai Lama, Tubten Gyatso (1876–1933), many paintings from several versions of the

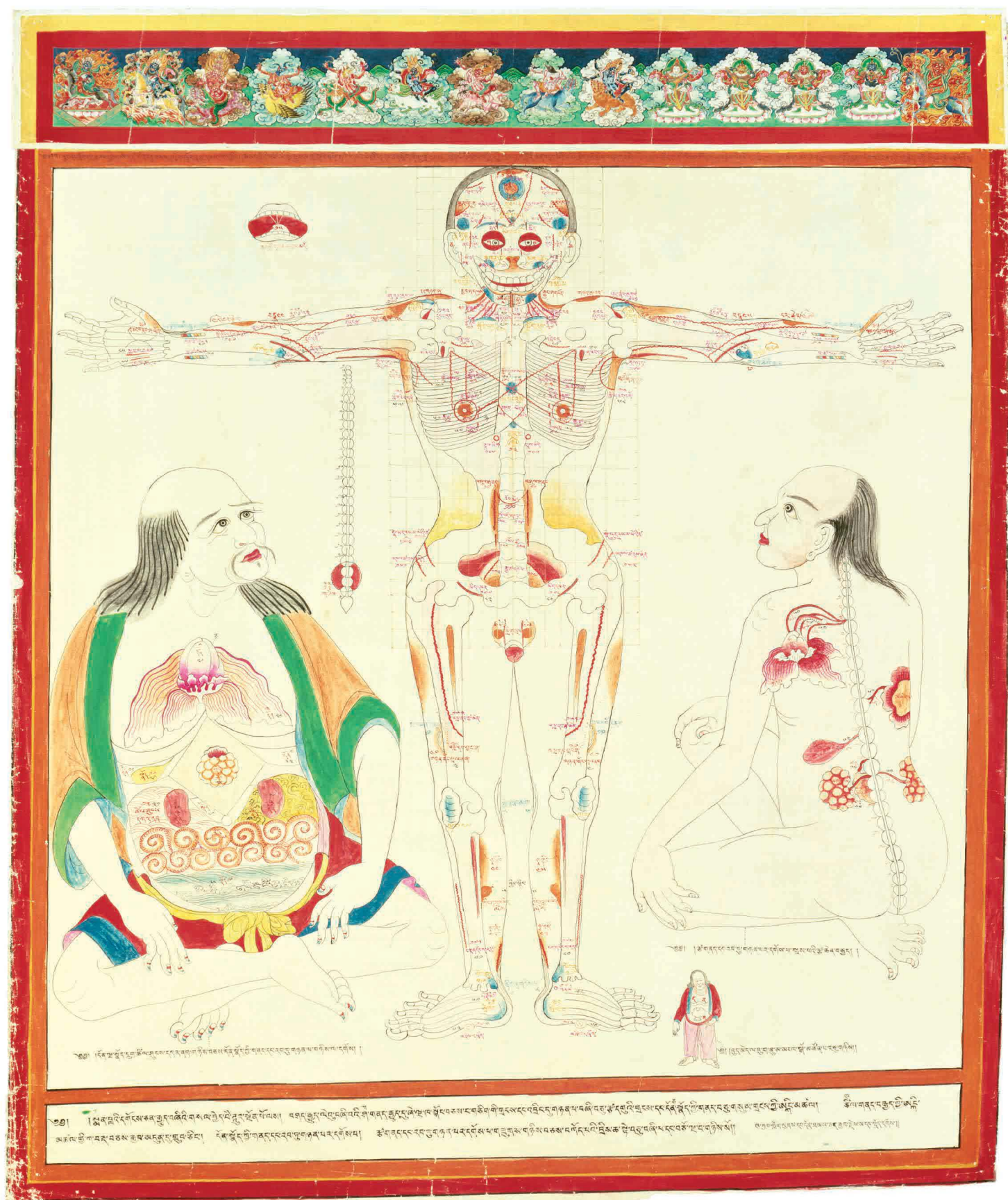
set were at the Mentsikhang Teaching Hospital and in the Norbulingka, the summer residence of the Dalai Lamas in Lhasa. At the same time, numerous plates were missing from the set at Chagpori. In 1923 the Thirteenth Dalai Lama initiated a project to put together a full set under the direction of the outstanding Tibetan medical physician Kyenrab Norbu (Mkhyen rab nor bu, 1883–1962).³² The Ulan Ude set was also made during this time, copied from an older set at the Mentsikhang.³³ This copied set was then taken to Buryatia in southern Russia and is in the museum of history in Ulan Ude, the capital of Buryatia. Today there appears to be more than one complete set in Lhasa at the Mentsikhang, whose holdings probably include the set compiled by Khyenrab Norbu, along with some of the original paintings by the Desi's artists.³⁴ Some of the medical paintings still at Norbulingka also seem to be old and might include some of the originals.³⁵ It is not certain what happened to the paintings that were still at Chagpori when it was destroyed during the Cultural Revolution, but it may well be that part of Chagpori's holdings made it to the Mentsikhang or the Norbulinka at some point during the late nineteenth or early twentieth century.³⁶

From the time they were first installed at Chagpori, the Desi's paintings were used to instruct medical students, and copies of the set are still used for this purpose today at the Mentsikhang Teaching Hospital and at the Tibetan Medical College in Lhasa, as well as in a number of other instructional venues from Lanzhou to Beijing. Clearly, just as the Desi intended, the anatomical illustrations add a great deal to verbal description in teaching students what muscles and bones look like (FIG. 10.4), where the moxibustion and blood-letting spots are, where the vital organs are positioned and what they look like. As to the physician's task of gathering medicinal plants and making medical compounds (see chapter 11),³⁷ the botanical and zoological illustrations are equal in their beauty and detailed specifications to what was coming out of Europe at the time,³⁸ Indeed, the array of *materia medica* and the precision with which they are portrayed in these illustrations would have been of immense direct didactic value for medical education (FIGS. 10.5–10.7).

And yet it is not so clear what purpose was served by many of the other small vignettes in the set. Many of them do illustrate points in the medical texts, but they do not do so comprehensively, and many are too small or too general to be of use as educational examples. There is, nonetheless, much to be discerned in these fascinating depictions of daily life, of the natural environment, and of a wide array of cultural values. Some illustrations even exceed their textual counterparts by taking advantage of the opportunity to convey additional visual messages about medicine and its

10.3 Statue of the Fifth Dalai Lama, Ngawang Lozang Gyatso. Tibet; 17th century. Gilt copper alloy; 32.4 x 26.7 x 20.6 cm. Rubin Museum of Art. C2004.26.1 (HAR 65375)





10.4 Vulnerable Points in the Body, Anterior View. Plate 14 of the Tibetan medical paintings (Ulan Ude set). Lhasa, central Tibet; early 20th century. Pigments on cloth; 86 × 68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia

context than was possible or appropriate in written form. In other cases, the images represent their textual counterparts faithfully and yet create striking juxtapositions that would probably have had a different impact than what is conveyed by the text. Careful observation of the images and their modes of representation has much to tell us about how the medical paintings portrayed Tibetan society, including a distinctive picture of the position of Buddhism and other religious systems therein.

The Magisterial Authority of the Buddha... on the Margins

Ostensibly Buddhism would seem to have little to do with physical medicine, but that is not quite the case. We noted above the historical interaction between Buddhists and the study of medicine in India, and even the attribution of a few passages on medical knowledge to the Buddha himself. But the Tibetan medical classic *Four Tantras* goes further than any full-service Asian medical treatise in presenting itself entirely as a teaching of the Buddha while he was living in the medical city of Tanadug. The Desi chose to portray the ancient Buddhist pedigree of Tibetan medical knowledge, with much fanfare, on the very first plate of the painting set (see FIG. 1.1). Here is the Buddha in his aspect as Bhaiṣajyaguru, the Medicine Buddha, sitting at the top of the mountain on which rests the city of Tanadug. He is surrounded by the gods, the medical sages of old non-Buddhist teachers of medicine, and the Buddhist bodhisattvas and disciples of the Buddha who made up his audience when he preached the *Four Tantras*. The plate also shows in meticulous detail the array of herbs and other *materia medica* that were in abundance on the various mountain slopes surrounding the city (see FIGS. 3.1–3.4). The row of other enlightened figures from other areas at the top of the image emphasizes the deep involvement of Buddhist teachers with medicine.

The medical paintings go on to reiterate the Buddha's role as the original author of the Tibetan medical classic seven times: in the lower corner of Plate 4, which marks the end of the preaching of the first tantra of the four, when the Buddha's emanated preacher and interlocutor dissolved back into him; at the upper corner of Plate 5, which marks the beginning of the second of the four tantras; at the lower-right corner of Plate 37, marking the end of the second tantra; at the top register of Plate 38, marking the beginning of the third, the *Instructional Tantra*; at the bottom-right corner of Plate 53; at the top-left corner of Plate 54, at the start of the preaching of the *Last Tantra*, and finally at the very end of the work at the right-bottom corner of Plate 77. These references to the primal preaching scene where the *Four Tantras* was

first taught make sense, since the paintings were indeed meant to represent that work, along with its commentary. The scenes thus mirror the text itself, each section of which begins and ends with a reference to the Buddha's teaching of the text.³⁹ But the choice to highlight the preaching scene so many times may also have something to do with the Desi's own agenda. The history of the *Four Tantras* as an original preaching of the Buddha had long been questioned in Tibetan scholarly circles and become a subject of dispute. By at least the sixteenth century Tibetan scholars had observed that the *Four Tantras* actually displays many signs that it was composed in Tibet, rather than being an original sermon of the Buddha, which would have been written down in an Indic language and later translated into Tibetan. These astute scholars noted that the *Four Tantras* frequently mentions foods that are unique to the Tibetan plateau and includes references to the Bonpo religion, which would not have been relevant in an Indian context. In addition, the *Four Tantras* includes descriptions of astrological techniques, climatic conditions, and types of material culture not known in India. The Tibetan scholars who made these observations went so far as to challenge the *Four Tantras'* own statements about itself. Some even characterized the claim that the text was taught by the Buddha as a pious fiction, constructed out of a desire to give the work value in the eyes of its Tibetan readership and to reflect the exalted vision and inspiration of the true author of the work, a twelfth-century Tibetan physician named Yuthog Yonten Gonpo (see chapter 8).⁴⁰

This debate had far-reaching implications, for it called into question the absolute authority of the Buddha over the field of medical knowledge. That in turn put into question the absolute sovereignty of the Buddha's dispensation more broadly in Tibetan culture. This is not to say that any of the scholars involved in the debate questioned the idea that the Buddha did give some medical teachings or that medicine had long had a place in monastic education. The question really concerned whether medicine was *essentially and originally* a Buddhist teaching, or whether an authoritative treatise on medicine could be written by someone other than a buddha. Did medicine entail a different kind of knowledge than that of Buddhist enlightenment?

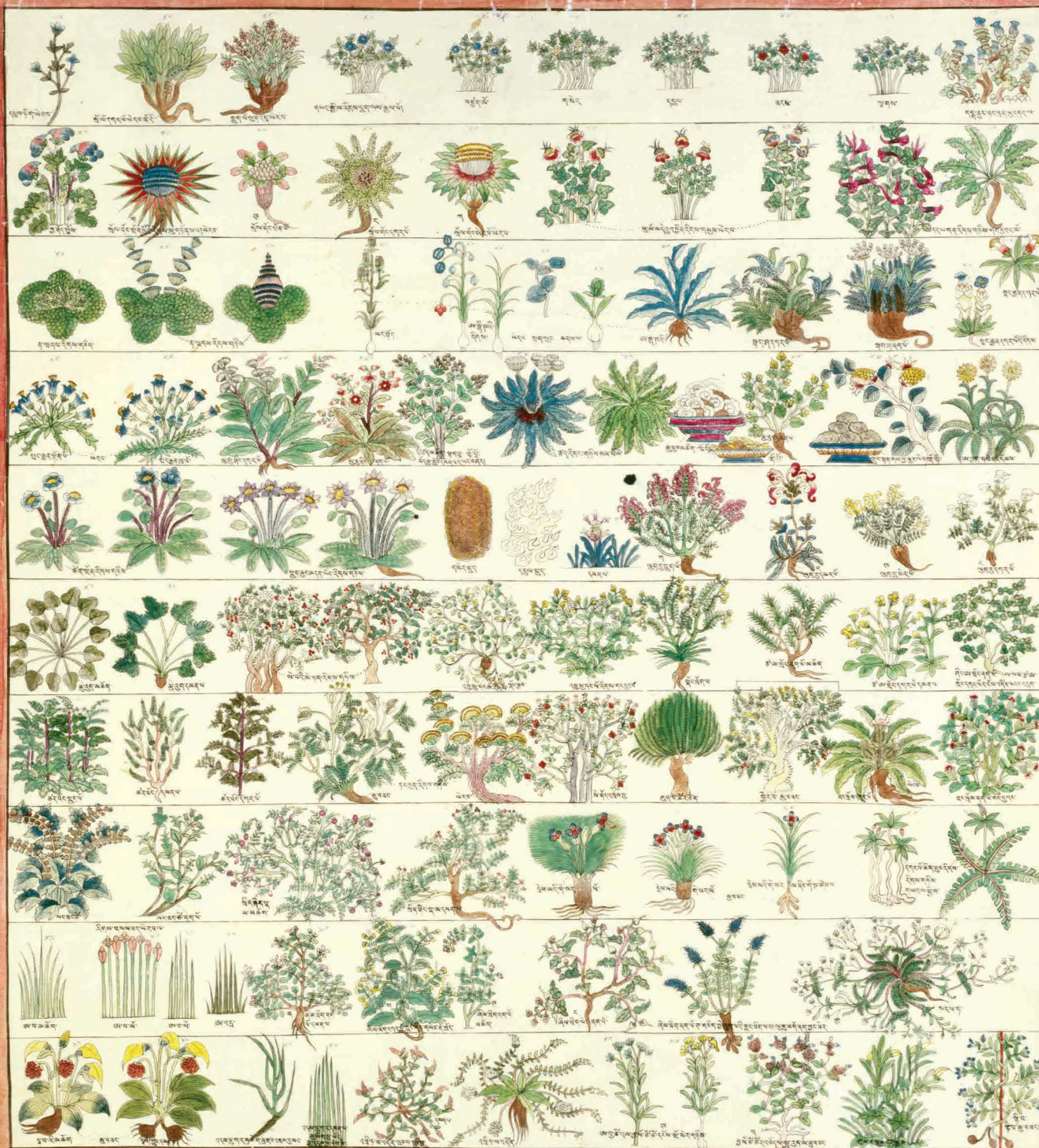
With these challenging questions on the table we can appreciate why the Desi himself tried to hold the conservative line in his own *Blue Beryl* commentary, given his investment in establishing the ultimate authority of Buddhist forms of knowledge over the Tibetan state in the person of the Dalai Lama. In any event, the visual rendering of the Buddha's preaching of medicine in the painting set reflected the *Four Tantras'* own claims and provided edifying bookends for the

Next spread:

10.5 Supplementary Materia Medica II. Plate 30 of the Tibetan medical paintings (Ulan Ude set). Lhasa, central Tibet; early 20th century. Pigments on cloth; 86 × 68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia

10.6 Herbal medicines. Plate 26 of the Tibetan medical paintings (Ulan Ude set). Lhasa, central Tibet; early 20th century. Pigments on cloth; 86 × 68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia

[illegible]

[illegible]



10.7 Dietetics. Plate 21 of the Tibetan medical paintings (Ulan Ude set). Lhasa, central Tibet; early 20th century. Pigments on cloth; 86 × 68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia

set. And yet from another perspective this very bookending brings into high relief the near absence of Buddha images in the rest of the set. On this reading we can say that the Buddha images pay due deference to the putative ultimate origins of medicine but in one and the same stroke to get that point out of the way and clear the space to get down to what was really at stake in the paintings, namely, medical knowledge as such. In other words, one can turn around the proposition that the Buddha stands at the beginning and end of each section of the *Four Tantras* and the painting set in order to govern them and venture instead that the Buddha image is thereby marginalized for the purposes of medical knowledge itself.

This point becomes especially clear in visual form. The paucity of Buddhist images in medical learning becomes particularly striking when we compare these paintings with almost all other paintings known on the Tibetan Plateau, in which religious images and messages are at the center, not in the margins. In contrast, the medical set provides plate after plate devoted to human anatomy, botany, and zoology, with hundreds of smaller vignettes showing the ins and outs of human existence, including sick people, healthy people, people fighting, sleeping, eating, urinating, defecating, bathing, farming, tending to animals, building, traveling, resting, reading, thinking, child-rearing, cooking, getting married, and so on, with little trace of Buddhist reference. Plate 41 (FIG. 10.8) is only one of countless examples, with its depiction of the variety of kinds of activities and circumstances that result in pulmonary consumption and fever: the seasons; fighting, which disturbs the local spirits; food items such as onions, meat, and salt; sleeping during the day; and being thrown from a horse. Here indeed any reference to Buddhist values, practices, or symbols is marginal at best.⁴¹

Religion in the View of Medicine

The contrast between the content of this painting set and the salvific messages that Tibetan viewers expected from painting is strikingly evident when we look at the few images in the set that do indeed reference Buddhist and other religious practices, persons, and ideals. Apart from the frame narrative of the Buddha's preaching scene, nearly every other reference to religion in the set treats it not as central or normative but rather as just one aspect of life, and not necessarily a positive one at that.

Two registers on Plate 42, which depict one of the most elaborate portrayals of religious practice in the entire painting set, provide a striking example (FIG. 10.9). The plate is largely devoted to depicting the causes of illness, particularly kinds of fever. The *Four Tantras* lists intersectorian disputes between ordained monks and *tantrikas* and the heaving of destructive magical devices by non-Buddhist Indic *tīrthikas*, Buddhist monks, and Bonpos alike, along with other things that create disease.⁴² In the visual translation of this passage, detailed attention is drawn to the travesty that religion actually participates in spreading infectious disease! The hurling of black magical devices — only one brief item in the text — gets more than an entire line in its visual translation. The paintings go further than the text and separate that deplorable practice into four scenes, starting with the last four figures on the right on the first register, who represent masters related to Indic heretical sects, and continuing across the entire second register, which shows many Buddhist monks engaged in the practice, a Tantric practitioner, and finally Bonpos.

Perhaps even more pertinent, however, are the following rows of illustrations in the same series, which equate the foregoing set of travesties by religionists with other acts that

10.8 Causes of Fever and Other Ailments. Detail from Plate 41 of the Tibetan medical paintings (Ulan Ude set). Lhasa, central Tibet; early 20th century. Pigments on cloth; 86 × 68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia

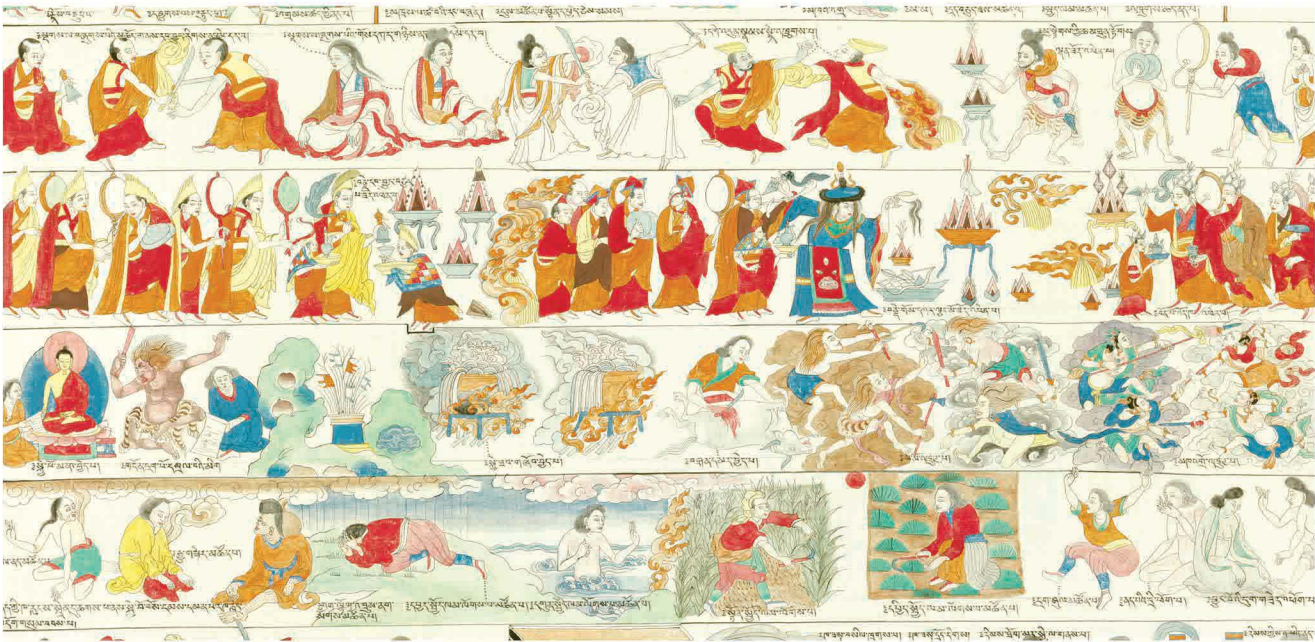


cause infectious fevers, such as an ordinary person taking a vow to harm others, and physical factors, such as overly strenuous activity or behavior that is out of sync with the seasons. To portray these kinds of activities on a par with those directly related to religion dramatically relativizes religion as but one of many factors in the larger fabric of life and health, which is far more telling than a negative portrayal of religion itself. It is not at all odd in Tibetan literary cultures to critique practices that come under the heading of Buddhism or Bon. What is striking, however, is that those practices are portrayed on an even playing field with factors that are not connected to religion in any discernible way. In this case, the highlighting of religion by the paintings puts it on a par with ordinary matters, which would have been highly visible to an audience accustomed to seeing religion portrayed in a very different and privileged position.

An excellent example is Plate 62, which illustrates things that one should not do on the night before having a urinalysis (FIG. 10.10). This includes “depleting one’s vital fluids,” which

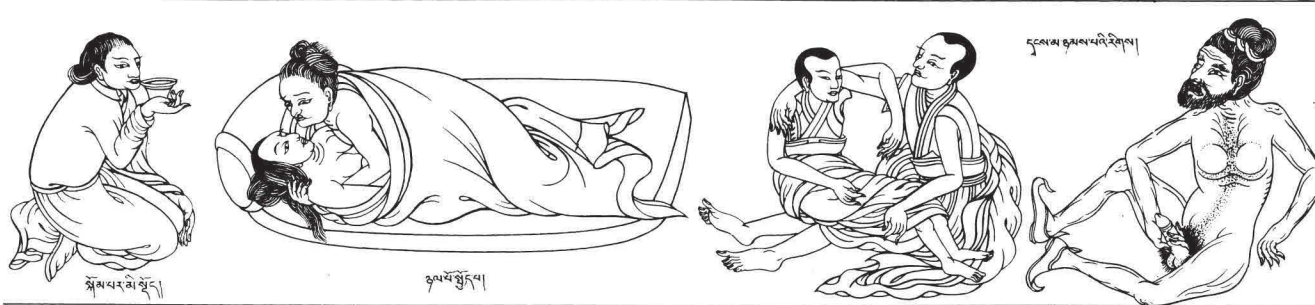
refers to the loss of semen through sexual activity. Although the root text itself does not provide any such distinctions, the Desi and his artists took license to portray three cases in which this loss can take place: a heterosexual couple having intercourse, a monk sitting with a young novice monk on his lap, and a man who is masturbating.⁴³ The first example gets its own label as “sleeping together,” while the monk couple and the man on the right share the label “kinds of vital fluid depletion.” What the monk couple is doing is not shown as explicitly as the activity in the other two images, but it clearly refers to the initiation of some kind of sexual encounter that would result in the loss of semen.

One key point to note in this depiction is its lack of moral judgment. That marks a central way in which the medical paintings depart from Buddhist discourse on the subject of sex. Sex is decried in Buddhist discourse as the cause of attachment and clinging, but as depicted frequently in the medical paintings, sex is merely something that people do. The only judgment on it that is pertinent for medicine has to



10.9 Causes of Contagious Diseases. Detail from Plate 42 of the Tibetan medical paintings (Ulan Ude set). Lhasa, central Tibet; early 20th century. Pigments on cloth; 86 x 68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia

This Plate makes an especially concerted point about the harmful practices carried out in the name of religion.



10.10 Ways to Deplete the Body's Vital Fluids. Detail from Plate 62 of the Tibetan medical paintings (Ulan Ude set). Lhasa, central Tibet; early 20th century. Pigments on cloth; 86 x 68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia

10.11 Doctors Performing Inauspicious Actions. Detail from Plate 16 of the Tibetan medical paintings (Ulan Ude set). Lhasa, central Tibet; early 20th century. Pigments on cloth; 86 × 68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia

10.12 Good and Bad Omens for Patients' Recovery. Detail from Plate 16 of the Tibetan medical paintings (Ulan Ude set). Lhasa, central Tibet; early 20th century. Pigments on cloth; 86 × 68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia



do with its effects on one's health, and there are even cases where sexual activity is deemed good for one.

Neither is there judgment in Plate 62 on the fact that monks are engaging in some kind of sexual activity, which is forbidden by the monastic codes, or on homosexuality as such (this is, incidentally, the only image of homosexual activity in Tibetan painting of which I am aware). The point made by the image has merely to do with sexual depletion of fluids. Although the illustration uses monks as an example of homosexuality, there is no real comment on their status as monks per se, other than the incidental sociological fact that monasticism is a common site for homosexuality. But for monasticism to be reduced to an incidental sociological comment rather than a normative model to be either praised or critiqued on moral and religious grounds is what marks this depiction as virtually unique in the Tibetan context.

A further example will demonstrate a related way in which the medical paintings depart from conventional Tibetan depictions of monasticism. Plate 16 (FIG. 10.11) shows a variety of bad auguries. If any of these scenes were to be observed in real life, they would be considered as omens, or messengers (*pho nya*) of the patient's impending death. These scenes display various inauspicious acts and are all culturally coded. One shows a person carrying a red flower (a bad sign); another depicts someone uttering insults. A few have to do with the behavior of the doctor, who if seen doing

these things would be a bad sign for the patient's recovery. The three figures shown, from left to right, in FIGURE 10.11 include a doctor uttering harsh, inauspicious words; another doctor chopping down a tree; and a third doctor destroying an object. Leaving aside the reasons these acts are considered inauspicious, let us look closely at the way the doctors themselves are portrayed. We can readily see by their garb and hair that the first two doctors are laymen and the third is a monk. This in itself is not especially noteworthy, because the medical paintings frequently alternate between portraying doctors as monks or as laymen, which is quite in line with the actual situation, as Tibetan doctors could be either (again, this variation in the paintings has nothing to do with the text and rather reflects the artist's choice).⁴⁴ What is to be noted, however, is a more basic point: in the third image — as indeed elsewhere in the set — the doctor's monkhood is not noted at all. It is in fact extraneous to the point being made, which has to do with a doctor destroying an object, a scenario viewed as inauspicious. The fact that this inauspicious activity is being carried out by a monk is not relevant to the message of the image; we could say it is random that he is a monk. But the lack of relevance is itself notable. It is difficult to come up with another case in Tibetan art in which a monk is portrayed whose monkhood is entirely tangential to the reason he is being portrayed. And yet that is what we see here. This doctor happens to be a monk, but what is being shown



10.13 Means to Avert the Signs of Impending Death. Detail from Plate 18 of the Tibetan medical paintings (Ulan Ude set). Lhasa, central Tibet; early 20th century. Pigments on cloth; 86 × 68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia

10.14 The Practicing Physician. Detail from Plate 37 of the Tibetan medical paintings (Ulan Ude set). Lhasa, central Tibet; early 20th century. Pigments on cloth; 86 × 68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia

A Physician is here seen to visualizing himself as the Medicine Buddha (second from the right). Physicians are also show along with other elements of the physician's toolbox, such as the requisite learning in the medical texts and cultivation of the ability to discern the future and give prognoses (first figure on left); the physician's compassion (second set of figures on left), and his commitment to heal the 404 kinds of diseases (far right).

relates to something else about his character or activities. In short, the religious aspect of this man is just one side of the person being depicted, and not the side that is important. In the same way, we can say that in the medical paintings Buddhist traditions and ideals constitute just one aspect of the larger world in which medicine operates, but not the most central or basic one — that is unless we count the supposed preaching by the Buddha of the *Four Tantras*, an attribution that may well have been contrived precisely to assert the continuing centrality of Buddhist revelation in the important form of knowledge that medicine represented in Tibet. In many other respects the medical paintings, and indeed the medical treatise itself, suggest that Buddhist and other religious conceptions and practices had been relativized within a larger whole.

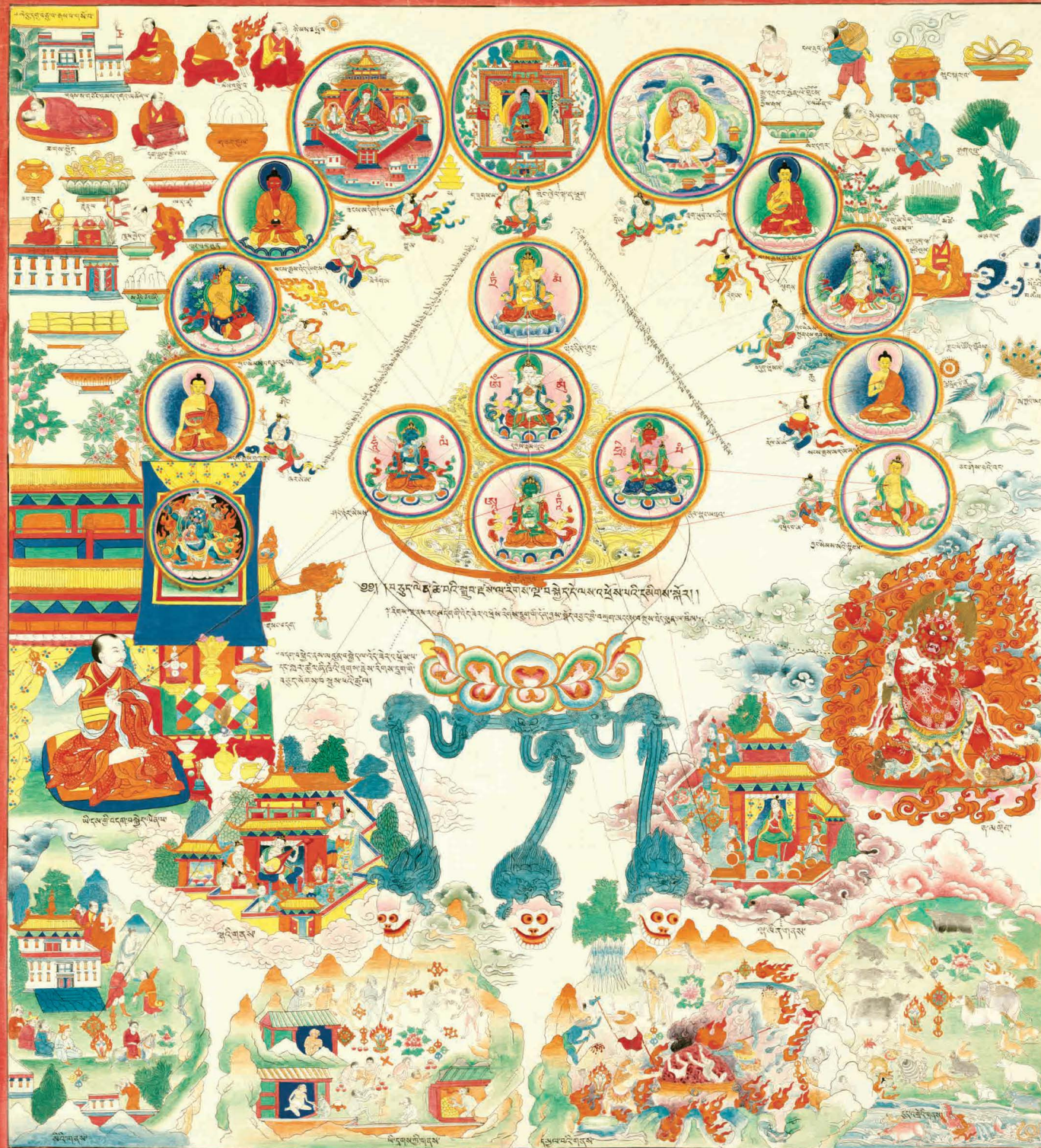
None of this is to say that religious ideals ceased to represent high values in the view of medicine. It is frequently the case, for example, that religious practitioners augur good things, as in this set of signs pertaining to the outcome of a patient's condition (FIG. 10.12). The first two figures, a Buddhist monk and a layman who is practicing an equivalent kind of meritorious action, indicate that the patient will recover. The positive valence of monks and merit-makers in this vignette reflects the high value accorded to religion in Tibetan culture. And yet here we see that medicine puts religious practice on an even playing field with other culturally

coded symbols that also function as omens for good health. The third figure, another a good omen, is a member of the upper classes and reflects Tibetan notions about nobility and royal lineage. The next three figures, which are at the top of a list of signs that indicate instead a bad outcome for the patient — a woman, a member of the anomalous third sex, and a person with compromised organs — also have nothing directly to do with religion but rather stand for other cultural values, in this case members of sexually identified groups of low status. Even if religion has high value, as indicated by the placement of the first two images, these other figures on the register are portrayed as if they have equal capacity to serve as omens. Thus here again, religion is readily classified alongside other things that ostensibly have nothing to do with religion. It is one more example of the paintings' subordination of Buddhist and other religious symbols to a larger category — good and bad signs for medical purposes — over which religion does not have special governance.

Buddhist Practice as a Healthy Technology of the Self

Plate 18 includes a catalog of Buddhist and related religious practices mentioned in the seventh chapter of the *Explanatory Tantra* of the *Four Tantras* that are considered to be efficacious means for averting signs of impending death. As the text itself indicates, these educational and ritual means (one of which consists of sacrificing an animal as a substitute for a

10.15 The Rite to Prepare the Elixir of Rejuvenation. Plate 52 of the Tibetan medical paintings (Ulan Ude set). Lhasa, central Tibet; early 20th century. Pigments on cloth; 86 × 68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia



human patient) are of a piece with other practices, such as giving donations to the poor. But here the focus is on religion in particular, and the listing of these acts in the text reflects a widespread assumption that religious practice is good for one's health and general state. The artists portray the scenes of these practices with imagination and vivid detail. The vignette in Figure 10.13 makes it clear to the viewer that devotion, religious learning, and ritual are potent devices at our disposal to enhance our health and longevity.

Certain Buddhist practices can also serve to bolster the medical practitioner by acting as a technology of the self for the physician. Such a point is made primarily at two junctures in the *Four Tantras*. In the first instance, the paintings pay little attention to such a practice, representing it only briefly, even though the text itself provides a long passage in the physician's chapter, which teaches the medical student how to become an effective doctor. Among many other things, he is advised to visualize himself as Bhaiṣajyaguru — the Medicine Buddha (FIG. 10.14) — and chant his mantra while he is producing medicine, thereby channeling and mobilizing the Buddha's power to produce effective medicine and heal the world's ills.⁴⁵

The Desi's painters passed over this key Buddhist practice without much ado, but they gave more attention to another point about the efficacy of self-visualization for the physician that comes up later in the text, in the chapter on the elixir of rejuvenation for the aged (FIGS. 10.15 and 10.16). In this case, the painters provide stunning elaboration on a Buddhist technique used for medicine. The plate pictures the physician visualizing an elaborate image in front of himself (FIG. 10.18), including a version of the standard Buddhist Tantric mandala and the associated buddhas, bodhisattvas, and deities (FIG. 10.17). The visualization is one part of a larger set of instructions in the text on preparing the elixir, which also includes information on the minerals, foodstuffs, and medicinal herbs that are part of the recipe. The adapted Buddhist visualization is essentially a technique to bless and consecrate the rejuvenation elixir for one's geriatric patients. The practice would thus serve to augment the power of the physical substances in the compound.

The artists also gave similar attention to a closely related method for preparing a "lesser" elixir of rejuvenation, pictured on Plate 53. Once again the painters took the opportunity to portray the mandala and attendant deities and buddhas in great detail, in a large tableau (FIG. 10.20).

These practices are clear examples where medicine borrowed Buddhist means of enhancing self-conception and bolstering confidence as part of what it takes to create life-boosting substances. They also provide a striking case



10.16 Detail from Fig. 10.15. The Aging Individual in Need of Rejuvenation



10.17 Detail from Fig. 10.15. The Mandala Visualized by the Physician atop an Elaborate Lotus Seat and Table

in which the painters sought to emphasize the service that Buddhist practice traditions could offer medicine. And yet both the *Four Tantras* chapter and its rendition in the paintings are also indicative of how removed the medical deployments of such techniques are from Buddhist identity and lineage issues. The physician is only told to visualize his “tutelary deity” (*yi dam*), rather than specifying a particular buddha or deity for this practice.⁴⁶ Plates 52 and 53 both picture this tutelary deity as Guhyapati (Vajrapāṇi), but this appears to be just a suggestion. What is actually recommended in the text is but a generic practice (FIG. 10.19). It would seem that the physician could choose which deity he would employ for the rite and which precise deities would appear in the mandala. Medicine itself has no preference and thus stands above any such specification, as is often so important in Tibetan Buddhist practice. This attitude to visualization practice — as if to say that it does not matter what deity is used and that any will do — underlines the distance the paintings have from any particular Buddhist lineage. Rather, Buddhist visualization tradition is here a general area from which techniques can be adopted for the purposes of medicine.

Buddhism in the Mix

The plate immediately preceding the two we have just considered provides another elaborate tableau that rivals the Buddhist visualizations, this time on the source of poisons in the world (FIG. 10.21), poisons that are useful in some

medical compounds and yet are to be avoided in others. Pictured here, in an elaborate form and with as much careful detail as given to the physician’s Buddhist visualizations, are several versions of the old Vedic story relating to the churning of the ocean by Viṣṇu, Brahmā, the serpent Vasuki, and Maheśvara, and the swallowing of poison by Viṣṇu. The equal visual attention given to Indian mythology and Buddhist meditation and iconography in the medical paintings reminds us of the major debt that Tibetan medicine owes to non-Buddhist sources from India, such as Ayurveda and its Vedic roots. As is clear in the *Four Tantras*, Tibetan medicine brings together medical knowledge from a hybrid set of traditions, in which the dispensation of the Buddha is just one stream. Quite at odds with the *Four Tantras’* self-attribution to the teachings of the Buddha is its acknowledgment of its own heterogeneous origins.⁴⁷ Again, this shows the relativization of Buddhist sources with respect to other fonts of medical knowledge, within which Buddhist ones do not necessarily reign supreme. In highlighting one of those other sources, the paintings make medicine’s heterogeneous pedigree clear once again.

Tibetan medicine’s debts to old forms of demonology and local religion are also evident in the paintings. Just as Indian Buddhism incorporated elements of Vedic tradition, Tibetan Buddhism also assimilated many indigenous demons and spirits. But most of the associated lore that can be seen in the medical paintings around auspiciousness, pollution, spirit

10.18 Detail from Fig. 10.15. The Physician Visualizing himself as a Tantric Tutelary Deity while Preparing the Elixir

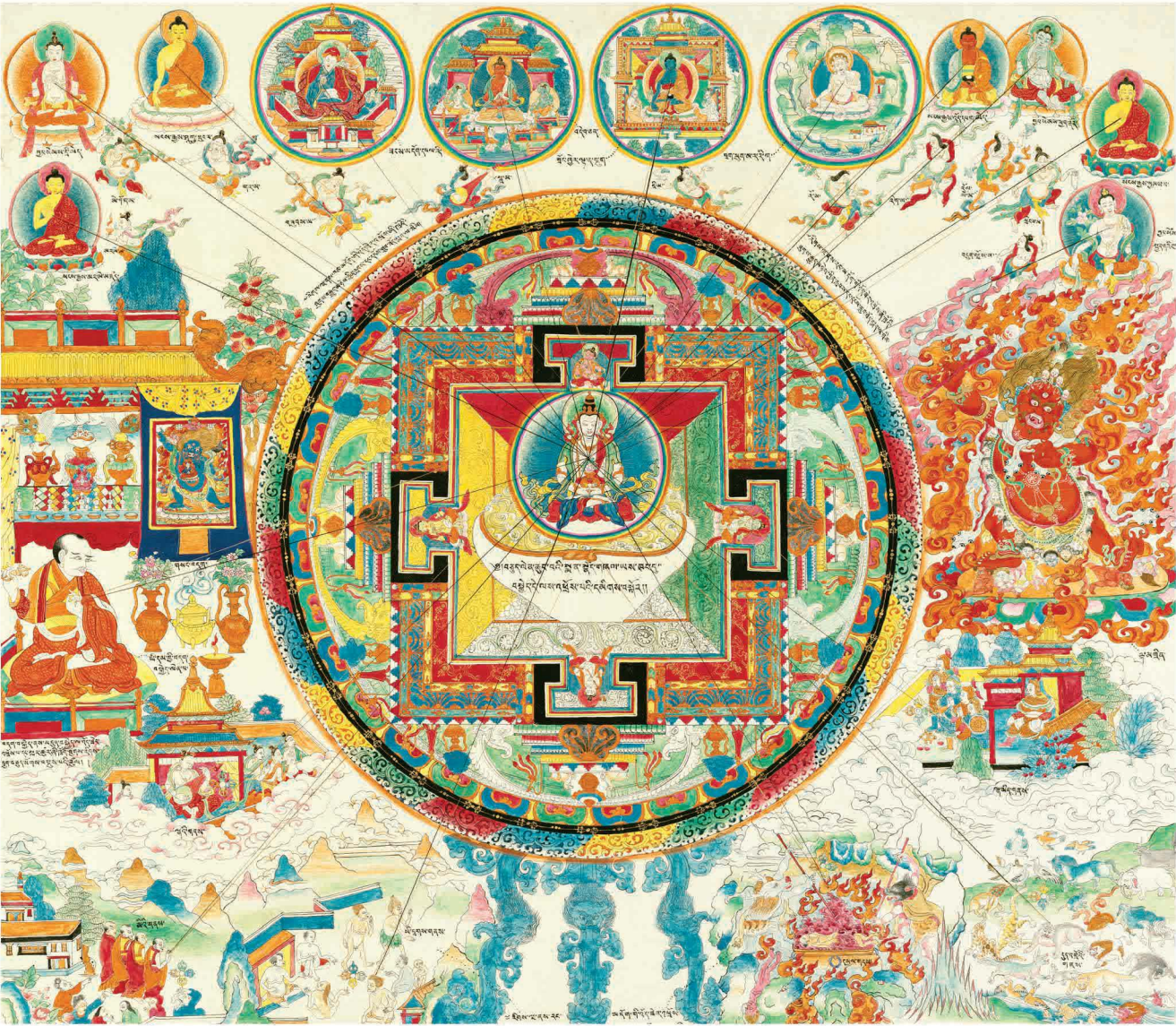
10.19 Detail from Fig. 10.15. Guhyapati Vajrapāṇi, an example of the tutelary deity to be used in the rite



possession, and the various kinds of activities that might arouse the wrath of local spirits and make people ill cannot be readily identified as Buddhist at all and are better understood as holdovers from old pre-Buddhist Tibetan religion. Such influence can be found throughout the *Four Tantras* itself, and it is duly represented, often in delightful detail, in the medical paintings, such as in Plates 46, 56, 58, 61, and 62. Like the forces and resources supplied by Buddhist traditions, local demonology and associated religious lore are but one part of the heterogeneous mix that makes up the cosmology and universe of medicine in Tibet (FIG. 10.22)

The numerous juxtapositions of various religious traditions with secular and material factors in the paintings follow the *Four Tantras*' vision of medicine. We have noted some cases where the visual translation creates further

impressions, in turn highlighting a Buddhist or other religious element in medicine or indicating a certain distance, but in large part the paintings represent an already-existing view that religion is but one of many factors that contribute to medical situations and solutions. Thus the painting medium makes more visible the fact that religious images and ideals are not at the center of medical knowledge. The striking visual incongruity whereby religious and ordinary dimensions of life are treated with equal attention and on the same register does sometimes suggest that both are part of a larger knowledge system that supersedes them. Such a message is brought into high relief by the painters' stark disregard of traditional expectations with respect to aesthetic and symbolic conventions as observed by virtually all other painting in the Tibetan world. Figure 10.23 is only one jarring example.



10.20 The Visualization by the Physician of another Mandala while Preparing the Lesser Elixir of Rejuvenation. Detail from Plate 53 of the Tibetan medical paintings (Ulan Ude set). Lhasa, central Tibet; early 20th century. Pigments on cloth; 86 x 68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia

Medicine and Buddhism in the Mirror of the Paintings

Tibetan medicine and the Desi's painting set in some cases borrow particular techniques of Buddhist self-cultivation and freely adapt them for the purposes of medicine. In other cases, the medical value of a broad range of Buddhist and other religious practices are recognized but viewed as part of a larger repertoire of ways to address illness and bodily distress in which religious means are not necessarily the most potent or important. In still other cases, otherwise highly revered Buddhist figures and symbols are depicted more broadly as parts of human life. In all of these instances, Buddhist traditions and ideals are not accorded a position of cultural hegemony. As a result, the development of medical institutions, literature, practices — and especially the exceptional painting set masterminded by the Desi — came

to suggest that there might be an alternative source of epistemic authority beyond that of Buddhism, or indeed any religion. Precisely by virtue of being able to represent Buddhist and other religious traditions in new perspectives, the medical paintings were positioned somehow above them, able to comment on their place in the larger whole of Tibetan society that medicine represented — and treated.

Note was taken above of the one main exception to this point, whereby the Medicine Buddha was cast as the original author of the *Four Tantras*. I have already pointed out that many medical scholars took issue with that attribution. One more example of the ambivalence in Tibetan medicine about the centrality of Buddhist ideals may also be found in the painting set. Again, it is part of the legacy that the Desi inherited from the *Four Tantras*. It regards the claim, or

10.21 The Origin of Poisons in the World. Detail from Plate 51 of the Tibetan medical paintings (Ulan Ude set). Lhasa, central Tibet; early 20th century. Pigments on cloth; 86 × 68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia





10.25 Detail from Fig. 9.12. The Hoped-For End Result of Medical Practice, whereby a Physician (lower left corner) would Become Enlightened in the Buddha-Field of the Medicine Buddha Bhaiṣajyaguru. Detail from Plate 77 of the Tibetan medical paintings. Lhasa, central Tibet; early 20th century. Pigments on cloth; 86 × 68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia



hope, that working as a physician would eventuate in the achievement of buddhahood. It comes up twice in the text, first in a single line at the end of the *Four Tantras*' chapter on medical ethics. This goal of medical practice is pictured in matter-of-fact fashion in Plate 37 along with many other doctorly virtues and pitfalls (FIG. 10.24). The goal consists in the combination of having happiness in this life (a mundane secular goal) and "traversing the land of the unsurpassable Buddha," certainly a Buddhist salvific goal. The same hope is repeated, again in a single line, at the very end of the last section of the *Four Tantras*, where the wish is uttered that the physician will eventually reach the Pure Land of the Medicine Buddha.⁴⁸ This time the eventual apotheosis is pictured in elaborate detail, perhaps because it is near the very end of

the work and serves to recapitulate the Medicine Buddha's preaching scene. This image also provides a fortuitous occasion to picture the ideal viewer of the painting set — the physician himself — in optimal disposition, a fitting and optimistic conclusion to a project so central to the fortunes of the medical profession (FIG. 10.25).

And yet nothing in the structure of medical education and learning provides reason for such an exalted result. There is nothing of the hard path of monastic discipline, meditation, and rigorous personal transformation so well known in mainstream Buddhism. As with the attribution of the authorship of the *Four Tantras*, the idea that the physician's career will eventuate in buddhahood is a kind of lip service, an auspicious bookend on the medical path and a way to pay homage

to the powerful force of Buddhist ideals in Tibetan society. Indeed, the bulk of the chapter on the physician's career focuses on quotidian skills such as how to achieve fame, receive proper payment, and avoid blame for one's failures. Likewise, in the rest of the work the overwhelming majority of the details of medical practice testify to its primary concern with mundane matters of pathology, diagnosis, and treatment. Only rarely, and at the edges, does it take up anything about Buddhist authority or soteriology.

In the end, we can say that the Desi's paintings capitalize on an already existing ambivalence in the *Four Tantras* itself. In the course of rendering his commentary to that text's contents, he had his painters highlight its intimations of ultimate Buddhist power, likely as a means of serving his own aspirations and indeed his own investment in Buddhist

grounds for political authority. Yet the project of visual representation became an opportunity not only to illustrate a critique of certain Buddhist and other religious practices, but also far more frequently and perhaps in spite of his own best intentions, to sideline Buddhist norms altogether in favor of the competing impulse to portray medicine on its own terms. Despite his efforts elsewhere to position the power and authority of Buddhism at the apex of the state, in these paintings the Desi shows his stripes as the leading medical innovator of his day. Thus did he produce one of the greatest achievements in Tibetan painting and surely the most extensive visual representation of ordinary life in all of Tibetan history. Buddhist ideals and symbols are given their due at several key points along the way, but they are not at the center of what the paintings portray.

Vignette 2

The Tree Murals of Labrang Monastery's Medical College, Eastern Tibet

Katharina Sabernig

The use of “unfolded trees,” or *dongdrem* (*sdong 'grems*), in Tibetan medicine became well known through a set of medical *thangkas* illustrating the *Blue Beryl*, Sangye Gyatso's important late seventeenth-century commentary on Tibet's central medical text, the *Four Tantras*. He devised and oversaw their completion, and the paintings became a highlight of Lhasa's medical culture at the time (see chapter 10). Three large colorful paintings of trees depicting details of the first volume of the *Four Tantras*,¹ *Root Tantra* (*rtsa rgyud*), can be found at the very beginning of the set of paintings (see FIGS. 0.1, 1.3, and 1.4).

Several hundred kilometers northeast of Lhasa, in Gansu Province, a series of murals depicting various unfolded trees can be found in the courtyard of the Medical College at Labrang Monastery (FIG. V2.1). In addition to trees relating to the *Root Tantra*, described by Barbara Gerke in chapter 1, the murals found at Labrang also illustrate chapters of the second volume of the *Four Tantras*, the *Explanatory Tantra*, the part of the work that contains fundamental preclinical knowledge of Tibetan medicine. Owing to the complexity of the subject, the relevant tree murals at Labrang feature roots, trunks, branches, and variously colored and

shaped leaves, as well as blossoms and fruits. The murals are ornamented with elaborate rivers and waterfalls, mountains, and flowers illustrated in great botanical detail.

Each tree is labeled from the roots up through its branches, but the full meaning of the leaves, fruits, and blossoms, which are not labelled, is not immediately obvious to ordinary viewers. Explanation of these topics must be given by a teacher or sought in medical treatises. Every detail of the tree symbolizes a precisely defined passage in a text related to the *Four Tantras*. In order to be able to cover the sheer number of certain subjects — such as



V2.1 Tree Murals in the Inner Courtyard of the Medical College at Labrang Monastery after a recent renovation



V2.2 Tree of Nosology depicting Chapter 12 of the *Explanatory Tantra*, Including Categories and Subgroups of Diseases

specific parts of the body, diseases and symptoms, or aspects of pharmacology — it was felt necessary in some cases to make use of several ramified trunks. For this reason, the chapters on anatomy, pathology, nutrition, and the physician's profile use more than forty branches each and consist of more than hundred leaves. Because the content of all these items had to be learned by medical students, one of the primary goals of the murals was to assist them in this pursuit.

The medical murals are fascinating works of art and a delightful expression of Tibet's medical culture. One cannot help but ask questions about the origin of the murals and the intentions behind their creation. One also wonders about their use over time: Who provided their intellectual framework and for what purpose were they made? Are these murals a purely regional occurrence? Do they relate to a textual tradition other than the *Four Tantras*

and to wider developments in medicine? Can similar murals be found elsewhere? When were the Labrang tree murals actually painted and by whom? What about the value and meaning of these elaborate depictions when considered in the wider historical and artistic context of medical paintings in Tibet?

In order to address these questions, we need to delve into the history of the Medical College at Labrang. Labrang Monastery, to which the college belongs, was founded in 1709 — only four years after the death of Sangye Gyatso and thirteen years after the founding of Lhasa's famous medical university, known as Chagpori Medical College, located opposite Potala Palace on top of the "Iron Hill" (see Vignette 3). Half a century later, following a request from the second Jamyang Shepa of Labrang ('Jam dbyangs bzhad pa, 1728–1791) and a minister of the late Seventh Dalai Lama Kelsang Gyatso (Skal bzang rgya mtsho,

1708–1757), a scholar by the name of Tsangmen Yeshe Zangpo (Gtsang sman ye shes bzang po) went to Labrang Monastery, where he is known to have taught the first two volumes of the *Four Tantras* with the help of the metaphor of trees. He was a former personal physician of the late Seventh Dalai Lama and head of the Chagpori college. At the beginning, his teaching activities took place in Kalachakra College,² but in 1784 a separate medical college was inaugurated with substantial cash funds provided by local Mongols.³

Was it Tsangman Yeshe Zangpo who authorized the first depictions of the first and second volume of the *Four Tantras* with the unfolded-tree metaphor at Labrang? Or was he perhaps inspired by an older tradition and copied this aspect of Tibetan medical art? Thanks to the publishing activities of the Arura research group in Xining, *Unfolded Trees of the Explanatory Tantra*,⁴ a text written by another renowned Tibetan physician, came to my notice and I was able to identify it as the textual template of the Labrang murals. Its author was Darmo Menrampa Lobzang Chodrag (Dar mo sman rams pa Blo bzang chos grags), who was born in 1638 in Darmo, a location southeast of Lhasa. He had been one of the personal physicians of the Fifth Dalai Lama Lobzang Gyatso, 1617–1682) and is supposed to have supported Sangye Gyatso in compiling the *Blue Beryl*.⁵ Darmo Menrampa Lobzang Chodrag became head of Chagpori Medical College upon its foundation in 1696. More on this eminent physician can also be found in this book, in chapters 4, 9, and 10.

Based on my examination of Darmo Menrampa Lobzang Chodrag's *Unfolded Trees of the Explanatory Tantra* and a comparison with the murals at Labrang, I can conclude that it was he who created the intellectual framework that would form the basis of the Labrang medical murals. It seems to me that his written work achieved one of the aims of Sangye Gyatso, who had been doubtful whether it was at all feasible to illustrate the *Explanatory Tantra* in form of unfolded trees, because of the complexity of its contents.⁶ Lobzang Chodrag arranged every chapter as the root of a tree,

every important subchapter as a trunk, smaller sections as branches, and certain topics as leaves. Yet we have no record of the transfer of Lobzang Chodrag's textual concept to Labrang, nor do we know if Yeshe Sangpo in fact taught medicine with the help of this particular text more than half a century later. There is, however, clear evidence that the labeling of the medical murals at Labrang was intimately connected to Lobzang Chodrag's treatise.

A close analysis of all labels accompanying the branches of the tree murals at Labrang and of Lobzang Chodrag's *Unfolded Trees of the Explanatory Tantra* reveals that some of the content of the *Explanatory Tantra* is depicted in an exact manner and with similar detail. Other passages are represented in a cursory and reduced manner and seem to act as placeholders. It is important to note that in some cases the murals go well beyond the contents of the *Four Tantras*, and are more elaborate, with additional annotations and illustrations of certain aspects of anatomy, pathology, and pharmacology. Interestingly, content that is missing in the medical illustrations of the Tibetan medical

paintings is in several instances covered in the Labrang murals — and vice versa. It seems, therefore, that there is a didactic connection between the Labrang murals and the Tibetan medical paintings and that to some extent they complement each other. Take, for example, the five chapters on pathology (chapters 8 through 12), in which aspects of etiology, pathogenesis, and classification of diseases are addressed. Although the illustrations of these chapters of the *Explanatory Tantra* are summarized on just one plate of the Tibetan medical paintings (Plate 19 in the set stored in Ulan Ude and Plate 21 of the Lhasa set),⁷ the same medical content is depicted on three murals with five trees in Labrang. The elaborated tree relating to chapter 12, which deals with the classification of diseases, offers a detailed structure of all kinds of diseases and their stages (FIG. V2.2), to which the Lhasa medical painting dedicates only one register and depicts only a small fraction of the content.

My investigation leads me to believe that the main focus of the murals at Labrang's Medical College was the depiction of those

medical subjects, which were of great medical importance but very difficult for the aspiring physician to understand. And, at the same time, many of the chapters in the *Four Tantras* that deal with religious or philosophical aspects of Tibetan medicine are notably underrepresented at Labrang as compared to the Lhasa Tibetan medical paintings.

For example, the *thangka* depicting metaphors for the parts of the human body, the "body similes" (chapter 3 of the *Explanatory Tantra*, TMP/6), and the *thangkas* representing different omens of prospective death (chapter 7 of the *Explanatory Tantra*, TMP/16–18) illustrate the content of these chapters at great length, whereas the Labrang murals omit large parts of the subject matter. It follows that the Labrang murals address themselves primarily to the aspiring physician, whereas the scope of the Tibetan medical paintings from Lhasa is wider and also includes the general public. The wider scope of the *thangkas*' prospective audience is also reflected in the style of their presentation, which features catchy figures that are easy to understand; the leaves in the Labrang murals, on the other hand, just adumbrate a certain content, a system ideally suited for examinations.

A good example of the complementary character of the murals at Labrang and the Tibetan medical paintings is chapter 21 of the *Explanatory Tantra*, which deals with methods of compounding medicines. These are explored further in chapter 3 of this book. At the beginning of this pharmacological chapter of the *Explanatory Tantra* are listed seventeen groups of medicines and their effects, such as those for curing imbalances of bile and phlegm or diseases of the inner organs and those dealing with poison or "microorganisms" (*srin*). Each and every substance of these seventeen groups is depicted on the Tibetan medical paintings (TMP/32 and 33), but no further detail is represented, such as how to combine them, a theme covered in the chapter. In contrast, the tree illustrating chapter 21 in the Labrang murals (FIG. V2.3), offers a summary of these seventeen groups in the first trunk and adds a second, larger trunk, which assembles several branches



V2.3 Tree Depicting Compounding of Medicines, showing more information than its correlating Chapter 21 of the *Explanatory Tantra*



V2.4 Differently colored and shaped leaves indicate different numbers and amounts of body parts, correlating to Chapter 4 of the *Explanatory Tantra*

to show all theoretically possible combinations of tastes. The tree also includes a ramifying branch that implies particular combinations of tastes and qualities in compounds for especially prevalent conditions. For example, in the case of severe deficiency of *lung* (wind), one should combine bitter-tasting medicines with qualities that are light, rough, cool, and flowing. Such a visual guide to Lobzang Chodrag's textual template is of great help to medical practitioners, especially considering the fact that the *Four Tantras*'s explanations on this topic are not very detailed. The third trunk of this tree at Labrang symbolizes different types of calming medicines (in forms of powders, pills, or ointments. etc.) and eliminating medicines (clysters, emetics, or nasal applications, etc.).

Although the design of the leaves strikes the ordinary viewer as beautiful, they also embody several layers of meaning with which the aspiring doctor should become acquainted. A regular five-fingered green leaf depicts a single item; a thin pinnate and greyish leaf symbolizes ten items; and a plain corrugated leaf (similar to the shape of an oak leaf) stands for a group of one hundred items. To illustrate the full range of symbolism and meaning in the leaves, a detail of the anatomy tree is depicted in Figure V2.4, where we can see that one trunk depicts the quantities of each bodily component, such as the amount of flesh, numbers of bones, and tendons, and so on. A central branch depicts the number of human bones and the differences in twenty-three general types of bones. Additional explanations of bones are then shown on two levels: on one level, there are 84 bones, including vertebra, teeth, and ribs; on a second (more detailed) level, 622 small bones and joints are explored and explanations are included, such as that of a vertebra consisting of four parts. Each of these anatomical items is accurately listed in Lobzang Chodrag's treatise, but not in the *Four Tantras*. Some of the details can be found in the commentaries of the *Four Tantras*, where other physical structures were described by this remarkable physician, after he found and identified them as the result of human dissection.⁸ In this anatomy mural, we also find additional

colored leaves, which are emblems for abstract numbers, such as the number of pores in the skin or hairs on the head.

It is not known when or by whom the murals of Labrang's Medical College were painted onto the walls of its courtyard. I have been told that the murals could date back to the time of the foundation of the medical college and Tsangmen Yeshe Sangpo, but in fact nobody could give me any concrete dates or knew if they had been repainted or altered. All we can be sure of with regard to the current and previous layer of the tree paintings is that they were repainted in the mid-1980s and again in 2007. Labrang Monastery and its Medical College were deeply affected by the implementation of early Communist reforms and the Cultural Revolution, the latter lasting from 1966 to 1976.⁹

During these turbulent years, the murals suffered extensive damage, and I have been told that it was not until the middle of the 1980s that they were renovated. At that time, the skilled young painter and physician Nyingchag Jamzer (Snying lcags byams zer), who was not a monk, worked in the newly established

Tibetan Medicine Hospital at Labrang, which was founded in 1979.¹⁰ In the afternoon, when he had finished treating patients, including both monks and lay people, he worked tirelessly repainting the murals under the close supervision of his medical teacher, the late Tanpa Gyatso (Bstan pa rgya mtsho). This highly respected monk physician, who had become a medical instructor at Labrang in the 1950s, was a specialist in Tibetan pharmacology¹¹ and remembered all the details of the murals. The renovation of the murals during the eighties was part of a general revitalization of the monastery and of Tibetan medicine. In the context of this movement, we note with interest that the young Nyingchag Jamzer received traditional pigments to use in work on the paintings.

The most recent layer of paintings uses synthetic colors and was completed in 2007. This renovation was apparently necessary in order that a new drainage system could be installed. Nyingchag Jamzer was then asked to repaint the murals a second time (FIG. V2.5). He again closely mirrored Lobzang Chodrag's *Unfolded Trees of the Explanatory Tantra*, but the realization



V2.5 Painter Nyingchag Jamzer showing drawings of the unfolded trees used as the basis for his newly painted Tree Murals at Labrang Monastery

of this last layer of paintings does not seem as elaborate in style as the previous one. And even though the murals were repainted only seven years ago, the paint is already exfoliating in many places. Despite more recent renovations, Labrang's medical murals are unique in their representation, as they depict both of the first two volumes of the *Four Tantras* using the metaphor of unfolded trees and as they closely correlate to Lobzang Chodrag's text.

Teaching the unfolded trees is still an integral part of medical studies at Labrang Monastery's Medical College, which has even prepared some plastic leaves in the shape of the leaves on the murals for use by teachers and students

as teaching and memory aids. Using these metaphoric tools is common practice during the early and preclinical stages of medical education and during the early Tibetan spring months of the year, when it is too cold to study Tibetan medicinal plants in the grasslands. The trees are also used during examinations.¹² Labrang's Tibetan medicine hospital, which has recently relocated to a site outside the monastic complex, also features unfolded trees, although they do not follow Lobzang Chodrag's text or the style of the medical college's murals. Elaborated murals and didactical paintings with medical contents are common in teaching institutions of Tibetan medicine. These

have been explored in other chapters in this book: chapter 7 on the Buddhas of Medicine, chapter 10 on the famous Tibetan medical paintings, and the vignette on the Chagpori and Mentsikhang medical colleges in Lhasa.

Although the Labrang murals and the Tibetan medical paintings are beautiful and informative in their own right, they reveal their full didactic value when used together. The Labrang medical murals are at once an accomplishment of regional medical culture and, thanks to the connection to Lobzang Chodrag of the Lhasa Chagpori Medical College, a part of the wide medical legacy of Sangye Gyatso, regent to the Fifth Dalai Lama.

Chapter 11

Illustrated *Materia Medica* Prints, Manuscripts, and Modern Books

Theresia Hofer



The vast Tibetan pharmacological literature spans several genres of medical writing, going far beyond the basics of pharmacology in the *Four Tantras* and related commentaries. It is highly varied as it deals with geographical and environmental conditions that range from moist Himalayan hills to high, arid, and mountainous zones of the Tibetan Plateau and the grasslands of Mongolia and Buryatia. Within this body of literature, only the writings on medical simples, known as *trungpe* (*'khrung sdpe*), were commonly illustrated prior to the early twentieth century. This chapter discusses five pictorial Tibetan *materia medica* works likely from between the eighteenth and twentieth centuries, comprising the widely circulated *Beautiful Marvelous Eye Ornament* by the nineteenth-century Mongolian physician Jampal Dorje as well as four lesser-known manuscripts with color drawings. They are originally from Tibet, Mongolia, and perhaps a Tibetan border region — three of them are now held in institutional libraries in Europe and India, while a still-practicing medical household in Eastern Tibet holds the fourth. Also discussed are two modern texts in the same genre, both of which have been published in Lhasa, central Tibet, one at the height of the Cultural Revolution, when possession of classical medical texts was dangerous, and the other in the post-reform period.

In this chapter I hope to show how divergent identifications of some medical materials continue, despite periodic efforts to settle on correct identifications among practitioners of different traditions and regions. As we will see, the *trungpe* genre sheds light on a Tibetan medicine practitioner's use of natural environments, offering beautiful illustrations and giving us chance to engage with doctors' and pharmacists' classificatory thinking and its changes over time.

Pharmacology beyond the *Four Tantras*

Before I turn to the illustrated works, some remarks must be made about Deumar Geshe Tenzin Phuntsog (De'u dmar dge bshes bstan 'dzin phun tshogs), whom Tibetan doctors and pharmacists consider the greatest writer on the pharmacology of Sowa Rigpa, although he was also prolific on other topics.¹ His renown is chiefly based on his seminal early eighteenth-century two-part pharmacological treatise *Stainless Crystal Garland*, or *Shelgong Shelphreng* (FIG. 11.1).² This went far beyond the existing knowledge of medical materials, both in terms of their number as well as in their organization and classification, and it became an important source for almost all subsequently published *materia medica* works.

The *Shelgong*, the first part of Deumar Geshe Tenzin Phuntsog's text (completed in 1727) consists of a brief

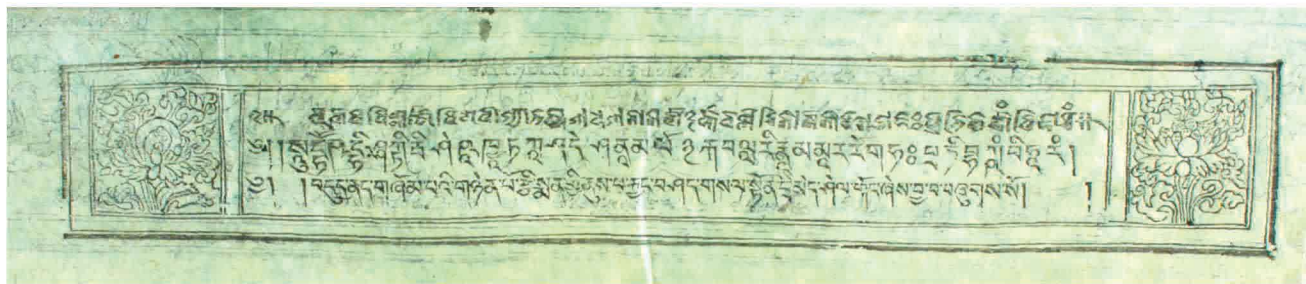
overview of thirteen — rather than the eight types of *materia medica*, described in the *Four Tantras* (see TABLE 11.1) — and discusses its main simples with regard to their *nupa*, or “power/efficacy.”³ *Nupa* here refers to the materials' action in specific conditions. He writes, for example, “turquoise clears poisons and liver fever [from the body],” and elsewhere, “stones rich in sulfur dry *muchu* [*dmu chu*, water swelling] and *chuser* [*chu ser*, yellow fluid],” thereby addressing clearly defined and established disease condition that are, among others described in the *Instructional Tantra*.⁴

The *Shelgong* is followed by the *Shelphreng* (completed in 1737), an elaborate auto-commentary that enumerates and discusses the different kinds of each simple, alternative names, and their nature, tastes, and usage, sometimes also offering a brief description of the methods applied to prepare them before compounding. For example, with reference to turquoise, or *yu* (*g.yu*), Deumar Geshe expands:

Turquoise clears poison and liver fever [from the body]. It is a precious stone named *be ra dza*; it is the king of all precious things and stones. There are four types (...). The first is white blue and bright, the second looks like a dusty peacock's tail, the third is dark blue, the fourth one is yellowish dark blue. This is the way that Indians understand [it] (...). The way that Tibetans understand [it] is [that there are] three “old turquoises,” two “intermediate turquoises,” and three or eight “new turquoises.” The three old turquoises are called *drug dkar*, which is white blue, bright, and sometimes also dark; *drug dmar*, which is blue and red and oily; and *g.yu spyang*, which is superior and more blue as compared to *drug dkar*. These three are the best for medicine. The two intermediate turquoises are *g.yu sngon*, which is like *drug dkar* but less bright, milky white; *bar dmar*, which is clearer than *drug dmar* but less bright. “New turquoise” comes in various shapes: *rgya g.yu* (also *g.yu ba'u*), is the new form; *g.yu ro* is the newest, strong, looks like white pebbles or sticky grains; and *drug ser*, which is less colored, is a little yellowish (...). These are never found in India, but in the far depth of the ocean where the water is not warm. During the rainy month of July, some can be found in Tibet because of floods from lakes and rivers. A few can also be found in China and Shangshung.⁵

This eighteenth-century passage illustrates the intricacies of identifying, naming, and sourcing particular kinds of precious stones for medical purposes.⁶ Now imagine providing this information and even more extended discussions of several hundred items, a task which took Deumar Geshe almost ten years. In the process of completing the

Animal Medicines (I) from Jampal Dorje's *Beautiful Marvelous Eye Ornament*, Mongolia; 19th century. Part II, folio 33 *recto* & 33 *verso*. Reprinted in *Śatāpitaka Series* (Vol. 82), New Delhi, International Academy of Indian Culture, 1971. Tibetan Buddhist Resource Center. W30452



11.1 Title page of the Chagpori edition of Dilmar Geshe Phuntsog's work on pharmacognosy, *Shelgong Shelphreng*. Chagpori, Lhasa; 1905. Ink on paper; H 7.6 × W 9 × D 54.6 cm. Tibetan Buddhist Resource Center. W1KG1573

Shelphreng, he consulted many extant pharmacology works of his time, which he refers to in the text.⁷ The work was first published as a block print in Derge, at one of Tibet's most prestigious printing houses, not far away from where Deumar Geshe had established his own monastery. This he did after having returned from his studies in Lhasa and travels to Nepal and India, where he researched plants that could not, due to their natural habitats, be found in Tibet but were nevertheless used extensively in Tibetan medicine.⁸

Both the *Shelgong* and the *Shelphreng* follow Deumar Geshe's new classification of thirteen types of medicines, rather than the eight classes of the *Four Tantras*, and now include "salt medicines," "grain medicines," "water medicines," "fire medicines," and "various medicines" (TABLE 11.1). This reclassification makes explicit, for example, the medical nature of food, salt, and water, which had for centuries been seen as such but classified and discussed in the *Four Tantras* and the *Blue Beryl* commentary primarily under headings such as "dietics" in the first branch of the "tree of treatment" (see chapter 1), or in the case of different kinds of waters, in chapters on external therapies in the *Last Tantra*. And vice versa, medicines are "eaten" by Tibetans, rather than taken, using the same verb as for eating foods — something that both Tibetan and Chinese share in their concept of medicine as food and foods as medicines.⁹

Beyond his reclassification, another important innovation by Deumar Geshe was to separate discussion of the *nupa* (power/efficacy) of *materia medica* (which is in the first part of the text and related to specific disease categories) from that of its *ngobo* (nature/essence), that is detailed description of physical forms and types of medicines (which is in the second part), both of which in the *Four Tantras* and the *Blue Beryl* had been considered in a combined context.¹⁰ He thereby set the stage, writes Denise Glover, "for the prominence of physical characteristics in the classification of *materia medica* in later texts," which is discussed in this essay.¹¹

The *Stainless Crystal Garland* is a sizeable text, with the print edition of the Chagpori blocks from the wood-snake

year of 1905, for example, comprising more than 200 folios.¹² Compared to the elaborately illustrated early modern Chinese medical classic on pharmacology, the *Bencao Gangmu* by Li Shizhen (1518–1593),¹³ the Tibetan equivalent is almost entirely text, only the title page of this edition featuring an illustration of two symbolic plants. What the sixteenth-century Chinese and eighteenth-century Tibetan pharmacologists had in common in their treatment of medical materials is that they both wanted to provide encyclopedic coverage of the natural world around them. This could then form a basis from which to effectively cure human ailments.

Numerous manuscript copies of the *Stainless Crystal Garland* circulated throughout Tibet and the text was later reprinted several times. Deumar Geshe's detailed recording and new classification of medical materials, when compared to the relatively few pharmacology chapters in the *Four Tantras* and many of the commentaries, even those known for their extensive treatment of plant identification, such as Zurkhar's *Transmission of the Elders* represent a significant development for Tibetan pharmacognosy and pharmacology. The *Stainless Crystal Garland* went on to form the basis for discussion in many, if not all, subsequent Tibetan pharmacopeia works.

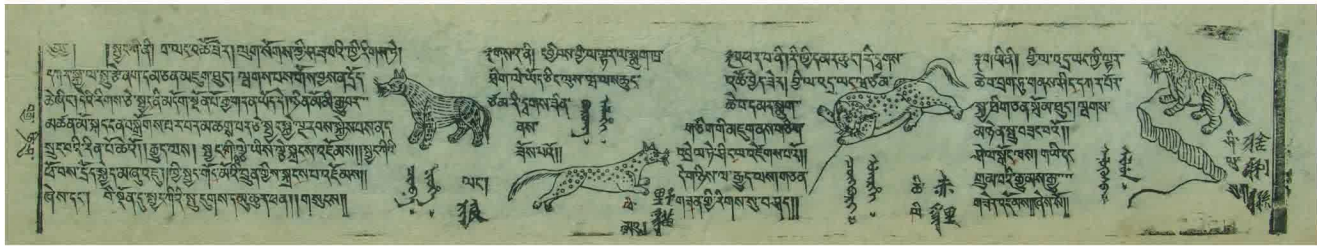
That said, given the pivotal role of the *Four Tantras* and the *Blue Beryl* in many medical traditions in Tibet, Deumar Geshe's thirteen-fold classification was less often repeated, least of all in premodern illustrated *materia medica* works, which tended to use the *Four Tantras'* and *Blue Beryl's* eightfold classification of pharmacopeia and their depictions on Sangye Gyatso's Tibetan medical paintings. In their discussions of the substances, however, many pharmacological works rely heavily on Deumar Geshe's groundwork in the *Stainless Crystal Garland*, which is studied to this day in pharmacology courses at Lhasa's Tibetan Medical College and among many private practitioners and pharmacists. How it influenced eighteenth-, nineteenth-, and early twentieth-century Tibetan *materia medica* works and how their illustrations relate to Sangye Gyatso's *materia medica* plates from the Lhasa medical paintings is what we now turn to.

TABLE 11.1 Classification of Tibetan medical simples according to the *Four Tantras* and the *Stainless Crystal Garland* (*Shelgong Shelphreng*)

Classes / Types of Medicines	Tibetan	<i>Four Tantras</i> and <i>Blue Beryl</i> ¹	<i>Stainless Crystal Garland</i>
precious substances for example: gold, turquoise, coral, agate stone	<i>rin po che sman</i>	1	1
stone medicines for example: gold and silver ore	<i>rdo sman</i>	2	2
earth and soil medicines for example: gold sand and oxidized lead	<i>sa sman</i>	3	3
aromatic medicines from plants and mucilaginous substances, for example: saffron, liver, and gall bladder bezoars	<i>rtsi sman</i>	4	4
tree medicines for example: myrobalan plants, red and white sandal wood, <i>a ga ru</i> (eaglewood, <i>Aquilaria spp.</i>)	<i>shing sman</i>	5	5
"medicines from the plains" ² for example: <i>ma nu</i> (<i>Inula racemosa</i>)	<i>thang sman</i>	6	6
herbal medicines for example: <i>tig ta</i> (<i>Swertia spp.</i>)	<i>sngo sman</i>	7	7
animal substances including flesh, bones, and horns	<i>srog chags sman</i>	8	9
salt medicines for example: rock salt, sea salt, and black salt	<i>lan tshwa'i sman</i>	X	8
grain medicines for example: rice, millet, barley, and beans	<i>zhing skyes sman</i>	X	10
water medicines for example: drinking water, medicinal waters, water from hot springs	<i>chu'i sman</i>	X	11
fire medicines for warming treatments and as used in medical processing, for instance when reducing substances to ash	<i>me'i sman</i>	X	12
various medicines for example: mineral ashes and concentrated medicinal preparations and decoctions	<i>gdus pa'i sman</i>	X	13

1. Barry Clark (1995) *The Quintessence Tantras of Tibetan Medicine*. (Boston: Snowlion), 131; Men-Tse-Khang *Basic Tantra and Explanatory Tantra*, 202; Sangye Gyatso 1982. 2. Note there is much debate on the English translation and meaning of the category of *thang sman*. For example Dawa translates this as "medicines with strong roots," Dawa. *A Clear Mirror of Tibetan Medicinal Plants*. Vol. 1. Rome: Tibet Domani. Dash translates it as "decoction medicine," Bahgavan Dash *Encyclopaedia of Tibetan Medicine: Being the Tibetan text of Rgyud Bzhi and Sanskrit restoration*. Delhi: Sri Satguru Publications. I follow Pasang Yontan Arya (1998) in his translation of *thang sman* as "medicine from the plains," see Pasang Yontan Arya (1998) *Dictionary of Tibetan Materia Medica* Delhi: Motilal Banarsidas Publishers, xiv, and personal communications. 3. See above "animal substances" are listed eighth in the *Four Tantras* and ninth in the *Shelgong Shelphreng*.

11.2 Medicines Derived from Wild Animals from Jampal Dorje's *Materia Medica* text, *Beautiful Marvelous Eye Ornament*, Part I. Tibetan Folio Number 120 *recto*. Mongolian Edition (origin unknown); 19th century. Ink on paper; 174 ff, 54.5 × 10.3 cm. Private Collection, Mongolia



Jampal Dorje's *Beautiful Marvelous Eye Ornament*

The beautifully executed woodblock-printed text on Tibeto-Mongolian pharmacognosy,¹⁴ the *Beautiful Marvelous Eye Ornament* by the Mongolian Jampal Dorje, is visually astounding — in folio after folio we see lively depictions of animals, plants, minerals, and so on. One of this work's remarkable features is that each of its *materia medica* items and accompanying text is glossed in three languages, Mongolian, Manchu, and Chinese (FIG. 11.2). To the Manchu is added a rough phonetic pronunciation guide in Tibetan. The immediate benefits of such multilingual renderings can be appreciated when we consider the home region of the author. Jampal Dorje (Mongolian: Jambal Dorji) belonged to the Naiman Banner of the Ju Uda League in what is today a province of Inner Mongolia, People's Republic of China. However, in the centuries prior to the area's full integration into Communist China in 1947, it had been a thoroughfare for trade and knowledge exchange between Tibet and Mongolia and between China and Inner Asia.¹⁵ Multilingualism in this part of the world was useful on every level, not least in the acquisition and trade of medical materials and the exchange between practitioners of Tibetan and Chinese medicine.¹⁶

It is a shame that we know so little about the layman Jampal Dorje.¹⁷ This is partly attributable to the destruction of most literature about him during early Communist reforms in Inner Mongolia.¹⁸ The whereabouts of the original wooden blocks — if they survive — is unknown to me, but original prints from different print houses can be found in the private collections of two Mongolian doctors in Ulaanbaatar, Republic of Mongolia, in a Russian state collection in St. Petersburg, and several other private collections.¹⁹

Much of the content of the *Beautiful Marvelous Eye Ornament* derives from Deumar Geshe's *Stainless Crystal Garland*, but it is far from a direct copy or simply an illustrated version of it. In the colophon it refers to other classics in Tibetan medicine²⁰ and works by Sumpa Kenpo, who has been credited with propagating the "Ayurvedic tradition among the Mongols."²¹

In structure, the *Beautiful Marvelous Eye Ornament* consists of two parts: the first, after a brief introduction,

gives Tibetan descriptions of *materia medica* items next to their illustration and their multilingual glosses. At the end of this extensive section, which is in many ways similar to the *Shelphreng*, the author adds a section on external therapies, where he includes illustrations of instruments as well as charts of the so-called topographical lines of the body and moxa points, clearly copied from the Tibetan medical *thangkas*.

The second part of the work begins with a creative adaptation away from the usual layout of the three "unfolded trees" on health and illness, diagnosis, and treatment, as originally depicted in the Lhasa *thangkas*. Instead, Jampal Dorje divides these into eight trees, in the process enabling them to fit onto the small space of a Tibetan book page (*peja*). Figure 11.3 depicts the upper and lower parts of the tree on the body in health on the left and on the right illness. Thus simplified, they can be carved onto wood and printed on the relatively small space of the folios. There then follows the depiction of all *materia medica* found in the first part — *Shelgong* — of the *Stainless Crystal Garland*, but this time with Tibetan-language captions only and no accompanying text that would include any of Deumar Geshe's discussion of the materials' efficacy (FIGS. 11.21–11.24). *Beautiful Marvelous Eye Ornament* ends with several folios displaying illustrations of instruments used in Tibetan external therapies and minor surgery (see FIG. 4.22), clearly copying a plate of a Tibetan medical painting. Finally it repeats the "topographical lines" of the body and moxibustion and bloodletting charts from the first part of the work.

Although not mentioned explicitly, it is likely that Jampal Dorje was aware of Ming-dynasty illustrated *materia medica* works from China and might have seen some of them, perhaps even editions of Li Shizhen's sixteenth-century *Bencao Gangmu*.²² The style of some of the depictions in the *Beautiful Marvelous Eye Ornament* seem very close to their rendering in *Bencao Gangmu* — and in some cases, more so than to the *materia medica* depictions in Desi Sangye Gyatso's Tibetan medical paintings (namely Plates 25 to 35 in the Lhasa set, and Plates 23 to 33 held in the Ulan Ude set of the Tibetan medical paintings).²³

And although in parts very close to the *Shelphreng* volume of Deumar Geshe's *Stainless Crystal Garland*, the *Beautiful Marvelous Eye Ornament*²⁴ does not follow the thirteen-fold classification and identification of materials. An in-depth study is necessary to work out exactly the relationship between the two works. Although closely matching the *Stainless Crystal Garland*, most of all in the content of its *materia medica* descriptions, Jampal Dorje's *Beautiful Marvelous Eye Ornament* is clearly the product of an independent mind, and in many ways departs from both the *Four Tantras* and *Blue Beryl* traditions as well as from the *Stainless Crystal Garland*, even if he states in the colophon that these formed the basis for his work. It follows the *Four Tantras*' and *Blue Beryl*'s eight-fold categorization of medical simples (see TABLE 11.1) but differs substantially from them in its subcategories. For example in addition to "natural earths" and "manufactured earths," listed by Sangye Gyatso under "earth medicines" in the *Blue Beryl*, here Jampal Dorje adds "salt medicines" (*lan tsha'i sman*), which is one of the *Shelgong*'s newly introduced (thirteen) classes of medicines, making up a whole category there.²⁵ Examples of medical materials from Jampal Dorje's eight principal categories can be seen in Figures 11.4–11.11, Figures 11.20 and 11.24, and in the title pages of each chapter of this publication. They are reprinted here from two different editions.

Examples from within one of these eight classes, namely animal substances, can be used to illustrate how in the *Beautiful Marvelous Eye Ornament*, Jampal Dorje reconfigured both the *Four Tantras*' and the *Blue Beryl*'s classifications. In contrast to the *Blue Beryl*'s classification according to the parts of the animals used (i.e., horns, bones, meat, blood, bile, fat, brain, skin, nails, hair, urine, droppings,

etc.), Jampal Dorje focuses in most cases on the morphology of the whole animal and its habitat. He newly classifies animals into: clawed birds, beaked birds, herbivorous animals, wild animals, "power animals" (magical animals), domestic animals, creatures living in holes and burrows, and those that "thrive in moisture" (FIGS. 11.11–11.19). Such reclassifications are common throughout the work and can be found within all of his eight categories of *materia medica*.

There are some delightful curiosities in the text, for instance the illustration of the Yeti (FIG. 11.19), referred to as the "wild human," *migon* (*mi rkon*). The "wild human" here is described as a "bear-like human," whose powers are great. Its flesh is of sweet taste, curing numbness caused by wind, and curing cold in the stomach. It gives strong will power, keeps the body light, and makes it live for a long time. The Chinese pictogram accompanying the illustration is exactly the one we find in Li Sizhen's *Bencau Gangmu*, where the Yeti is described as a "human being-bear," who can uproot trees, scares even tigers, and catches humans, but no medicinal qualities relating to its flesh or other properties are mentioned.²⁶

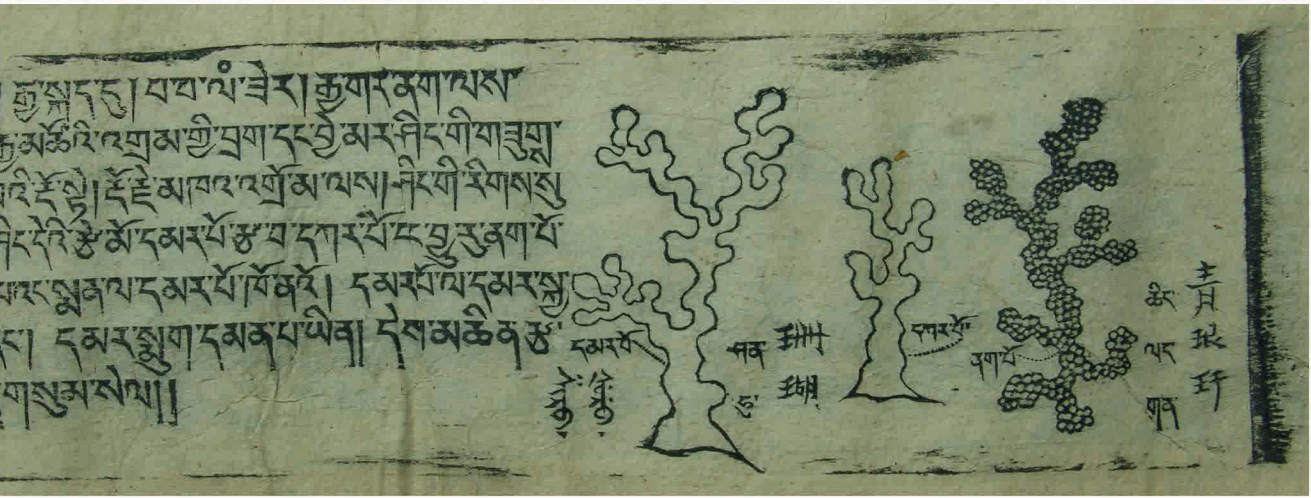
The second and artistically very different part of the *Beautiful Marvelous Eye Ornament*²⁷ depicts in similar detail but without accompanying descriptions, all the substances found in each of the eight categories in the first part of the work (FIGS. 11.20–11.24). Perhaps this part was used to aid students in the memorization of *materia medica* names. In only a few cases are Chinese and Mongolian terms added.

The illustrations of *materia medica* in the *Beautiful Marvelous Eye Ornament* reflect the legacy of Desi Sangye Gyatso's *materia medica* paintings, influences from Chinese illustrated pharmacopeia traditions, as well as the

11.3 Two Trees of the Body in Health and Illness from Jampal Dorje's *Beautiful Marvelous Eye Ornament*, Part II. Tibetan folio number 2 recto & verso. Sonam Kunduling Monastery, Inner Mongolia; 19th century. Ink on paper; 34 ff, 59.5 × 11.7 cm. Private Collection, Mongolia

The two branches of the trees of Tibetan medical paintings are here depicted as two individual trees.

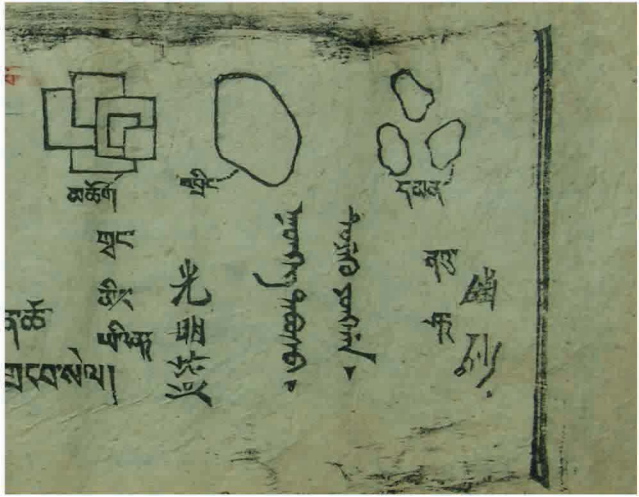




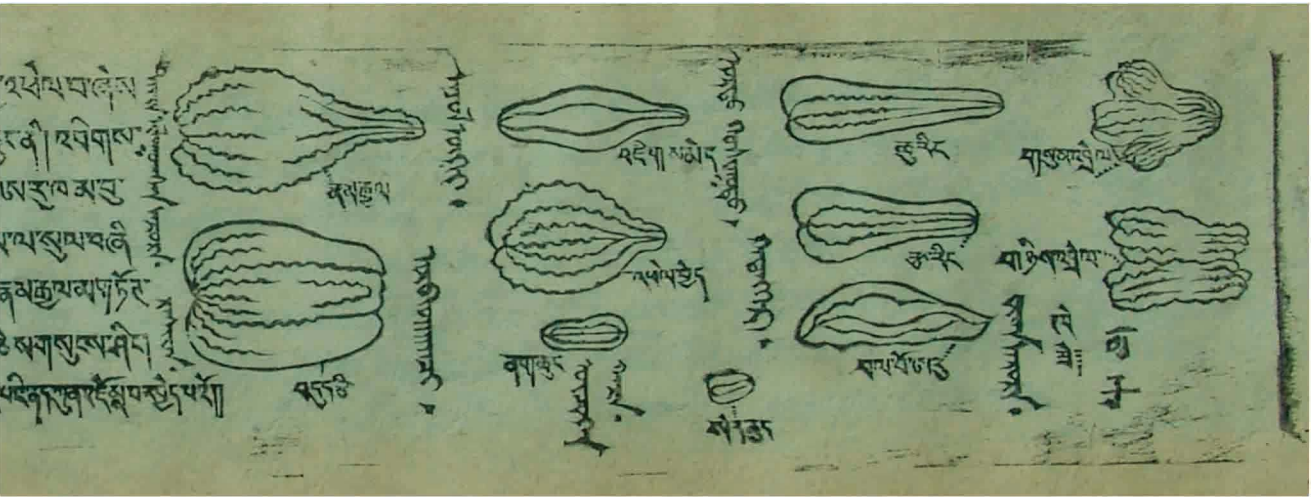
11.4 Precious Substances: Coral. Tibetan folio number 18 verso.



11.5 Stone Medicines: Mercury Sulfide. Tibetan folio number 30 recto.

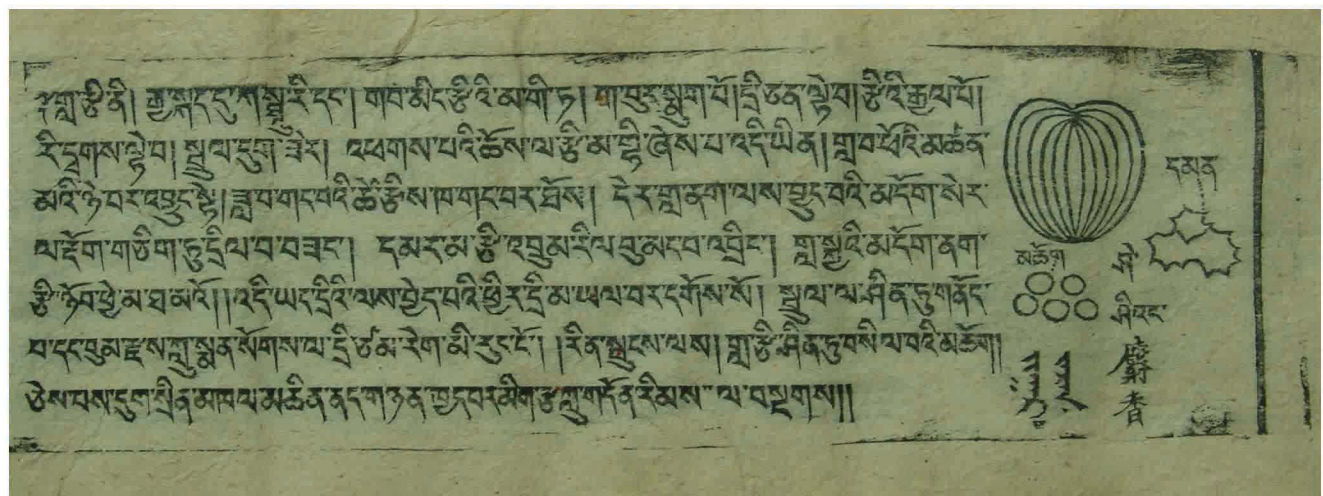


11.6 Earth Medicines: Rock Salt. Tibetan folio number 32 verso.

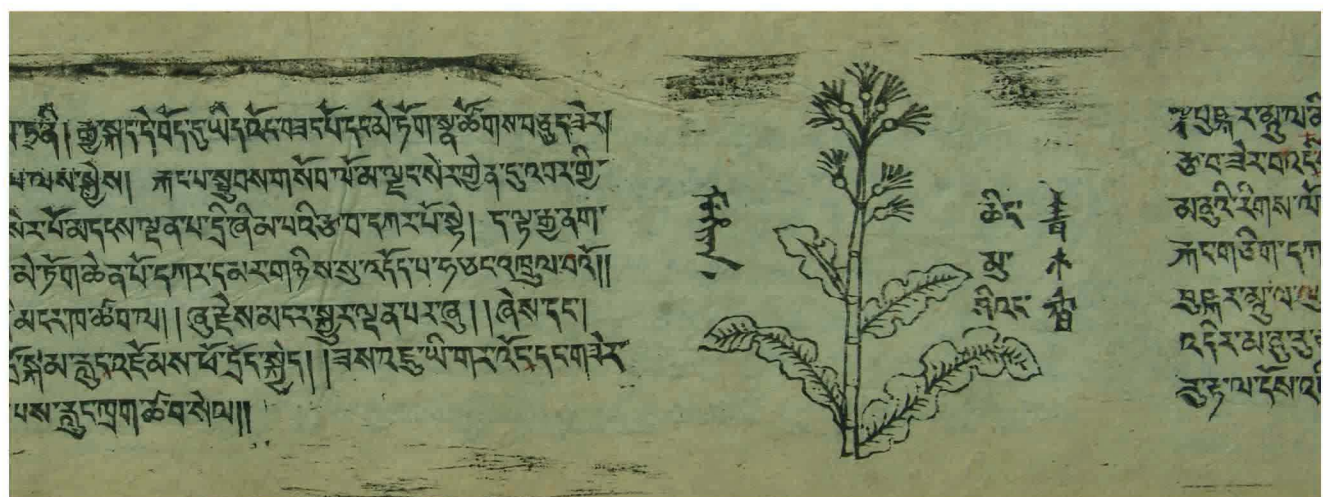


11.7 Tree Medicines: Six Types of Myrobalan — *Arura*. Tibetan folio number 42 recto.

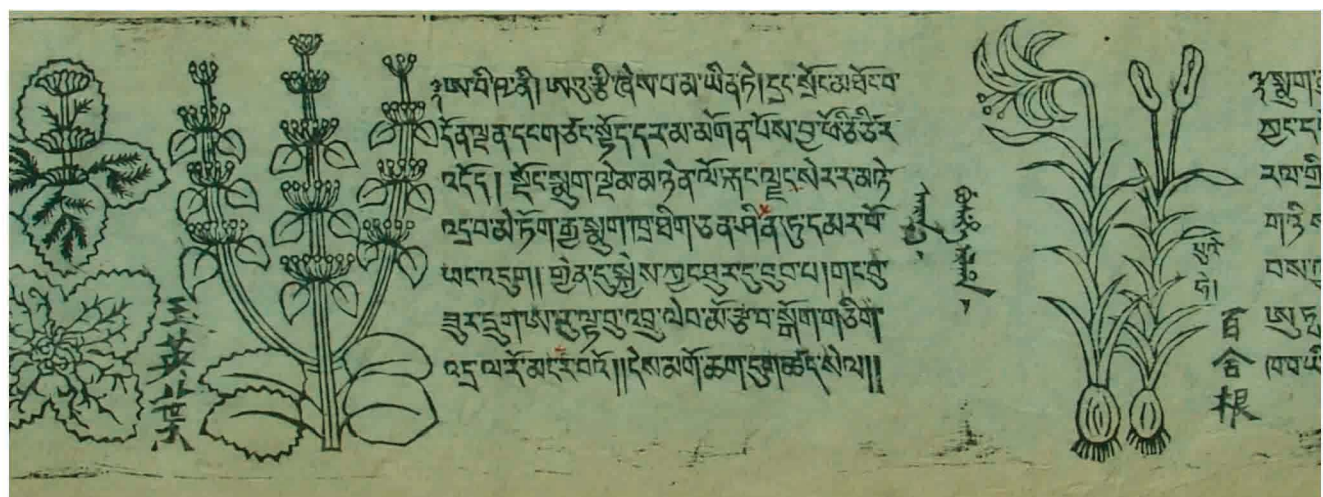
11.4–11.10 Details from Jampal Dorje's *Beautiful Marvelous Eye Ornament*, Part I. Mongolian Edition (origin unknown); 19th century. Ink on paper; 174 ff, 54.5 × 10.3 cm. Private Collection, Mongolia



11.8 Aromatic Medicines from Plants and Mucilaginous Substance: Musk. Tibetan folio number 39 verso.



11.9 Medicines from the Plains: *Manu*. Tibetan folio number 67 recto.



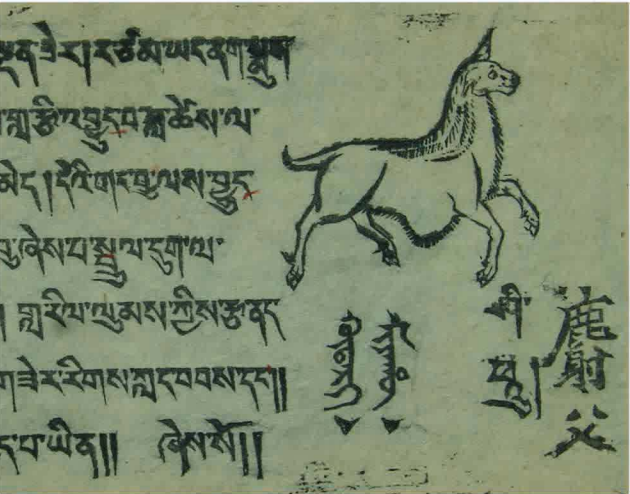
11.10 Herbal Medicines: Snake's Head Lily. Tibetan folio number 103 recto.



11.11 Clawed Birds — Peacock. Tibetan folio number 112 recto.



11.12 Beaked Birds — Parrot. Tibetan folio number 113 verso.



11.13 Herbivorous Animals — Musk Deer. Tibetan folio number 117 recto.



11.14 Wild Animals — Tiger. Tibetan Folio 117 verso.



11.15 Wild Animals — Mountain Lion. Tibetan folio number 118 verso.

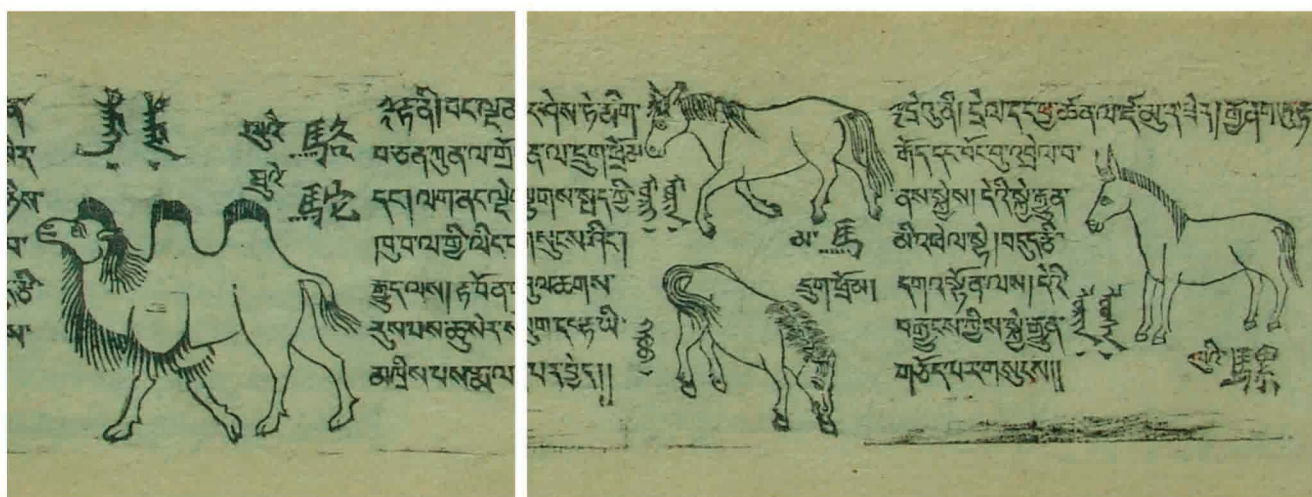


11.16 Magical Animals — Garuda. Tibetan folio number 120 verso.

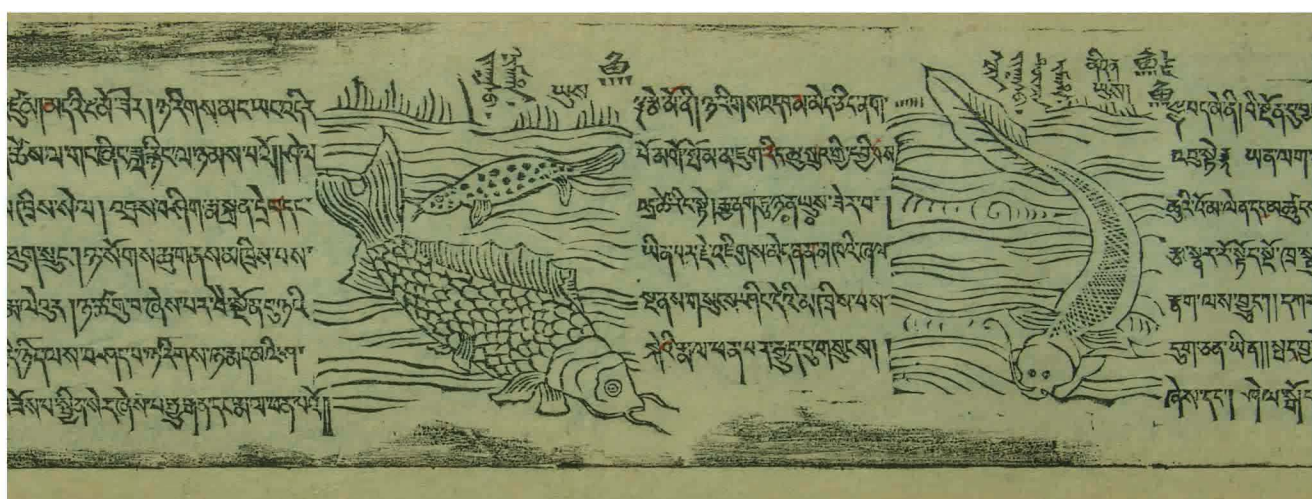
11.11–11.19 Details of “Animal Medicines” from Jampal Dorje’s *Beautiful Marvelous Eye Ornament*, Part I. Mongolian Edition (origin unknown); 19th century. Ink on paper; 174 ff, 54.5 x 10.3 cm. Private Collection, Mongolia



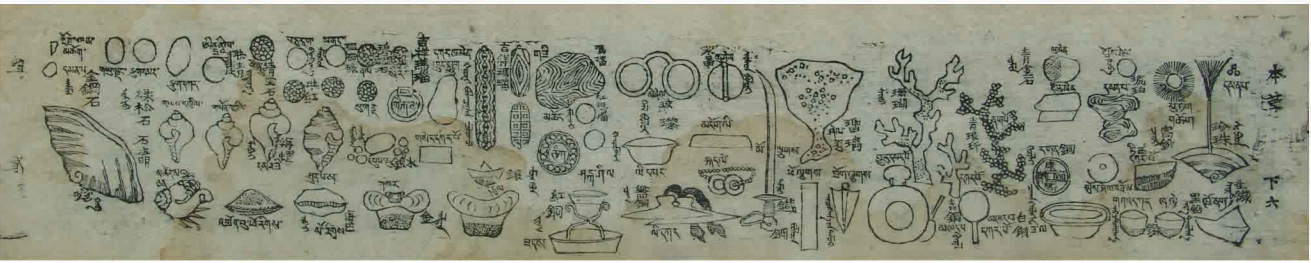
11.17 Wild Animals — Wild Man (i.e. Yeti) and Monkey. Tibetan folio number 119 verso.



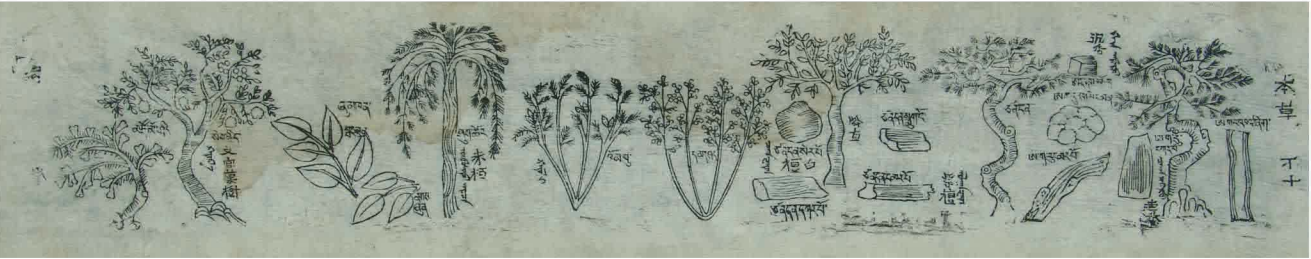
11.18 Domestic Animals — Bactrian Camel, Horse, and Mule. Tibetan folio number 122 verso.



11.19 Animals that Thrive in Moisture — Fish. Tibetan folio number 131 recto.



11.20 Precious substances. Tibetan folio 6 verso.



11.21 Tree Medicines. Tibetan folio 10 verso.



11.22 Plants. Tibetan folio 16 verso–17 recto.



11.23 Grain Medicines. Tibetan folio 21 verso.



11.24 Animal Medicines. Tibetan folio 24 recto.

11.20–11.24 Details from Jampal Dorje's *Beautiful Marvelous Eye Ornament*, Part II. Monastery of Chanlung Pandita, Inner Mongolia; 19th century. Ink on paper; 34 ff, 59.5 × 11.7 cm. Private Collection, Mongolia

independent and creative spirit of its author, Jampal Dorje. With the current absence of earlier evidence of illustrated *materia medica* works, it seems that his decision to illustrate a *materia medica* text — not a *thangka* — appears as a novelty in the Tibeto-Mongolian medical traditions. Given that it was carved onto wooden blocks and subsequently printed in Derge, Lhasa, and Beijing, it also suggests that the endeavor had considerable financial backing. As a result of this form of dissemination, a new kind of medical work was made available, one that was easier to carry and to keep than a set of large paintings. It would enable students and scholars across vast areas to engage closely with the author's identification of *materia medica*, their properties and use, and to do so in an entirely new and artful manner. Despite the stunningly beautiful illustrations, fascinating content, and manifold influences in the *Beautiful Marvelous Eye Ornament*, a fuller study of Jampal Dorje's extraordinary work remains, to date, a scientific desideratum.

Illustrated *Materia Medica* Manuscripts and Their Relation to Desi Sangye Gyatso's Medical Paintings

Among the group of four illustrated *materia medica* manuscripts, also referred to as *peri* (*dpe ri*), which I now discuss, the first two correlate closely in artistic style — and, in the case of many items, in identification of medicinal materials — with Desi Sangye Gyatso's *materia medica* plates among the Tibetan medical paintings.

A finely executed example (and the most complete copy existing) of Desi Sangye Gyatso's *materia medica* in manuscript form is the one handed down from Jamgon Kongtrul in Kham, eastern Tibet. It survived the Cultural Revolution almost intact and is there to this day in a private collection.²⁸ The second example is much shorter and depicts only plant materials. This is held in the collection of the Museum of the Men-Tsee-Khang, the Medicine and Astrology Institute, in Dharamsala, seat of the Tibetan government in exile.²⁹

THE CRYSTAL MIRROR OF MARVELOUS TANADUG The *Crystal Mirror of Marvelous Tanadug*, an illustrated manuscript with ninety folios³⁰ from eastern Tibet, covers in full chapters 19 and 20 of the *Explanatory Tantra*, and closely corresponds to Desi Sangye Gyatso's Tibetan *materia medica* among the Tibetan medical paintings (FIGS. 3.7, 10.5, 10.6, and 10.7).³¹ After its title page, the work begins with illustrations from the first registers of Plate 23 of the Tibetan medical paintings (FIG. 11.21).³² They illustrate the source of the six tastes, which is the combination of earth, fire, water, air, and space elements, as discussed in the *Four Tantras* and *Blue Beryl*.

The manuscript then goes on to detail and visually illustrate the nature of each taste, before delving into the so-called *kyangsel* (*rkyang sel*) or single cures of the eight classes of *materia medica*. Each of the corresponding eight sections are introduced, just as on the *thangkas*, by small captions, which in the case of the manuscript are placed to the left of the page numbers. I have studied three sample folios in the class of "herbal medicines" and "animal substances," comparing these to the corresponding sections on Desi Sangye Gyatso's paintings.

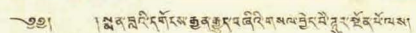
The style of the manuscript's illustrations of herbal and animal medicines from the *Crystal Mirror of Marvelous Tanadug* is strikingly similar to those on Desi Sangye Gyatso's medical *thangkas* from the Lhasa set, both noting the names of substances in cursive script. However, in some instances, even doubtlessly identical-looking items are named differently in Desi Sangye Gyatso's paintings as compared to the *Crystal Mirror of Marvelous Tanadug*, reflecting differences of opinion between their creators.

This is the case in the depiction of a group of plants named *shimthig* (*zhim thig*), most likely varieties of the so-called Black and White Hoarhound. While both the *thangka* and the illustrated manuscript depict identical drawings of their five varieties,³³ their classification into "inferior" and "superior" varieties as well as some of their actual names differ.³⁴ In most instances, the *Crystal Mirror of Marvelous Tanadug* also offers a short textual description of an item's appearance, tastes (*ro*), post-digestive tastes (in some cases), and its therapeutic power/efficacy, or *nupa*. This text is usually found to the right of an illustration. For the case of "white superior" (*zhim thig*) the accompanying notes relate:

It clears eye disease. Its leaves are black and coarse, and grow closely tied in with the branches, its trunk is square [shaped] and features small outgrowths, the flowers are dark brown. The fruit color is black and [fruits] have the shape of triangles. Its taste (*ro*) is sweet and its quintessential (*bdus rtsi*) effect (*nus pa*) is to clear (*gsel*) eye diseases and cataract (*ling thog* — [literally, film on eyes]).³⁵

In some cases, there is simply a minor difference in spelling of plant names between the Lhasa paintings and the manuscript.³⁶

With regard to many of the animal medicines depicted in both the medical paintings and the illustrated manuscript, the *Crystal Mirror of Marvelous Tanadug* seems to offer more elaborate and detailed illustrations when compared to the Lhasa paintings, but their identifications and names in many cases coincide.

[illegible]

大正五年

पुस्तक संख्या

1

On the basis of this preliminary investigation of a limited sample of the illustrated manuscript *Crystal Mirror of Marvelous Tanadug* and its comparison with Desi Sangye Gyatso's paintings, we can conclude that they overlap in significant ways — in particular with regard to artistic style and also sequence. Yet they also exhibit notable differences, particularly in terms of textual content and identification of medical items. Even if the aim and claim of Desi Sangye Gyatso was to have unified Tibetan medical traditions — not least with regard to their identification of *materia medica* — the manuscript discussed here shows this not necessarily to have been the case, and that different identification practices continued. Such a finding makes plain that debates and contentions over the identification of Tibetan *materia medica* among Sowa Rigpa practitioners continued, and continue up to the present day. From the point of view of Western biology, as well as that of Tibetan medical perspectives grounded in elemental theory, different habitats influence the typology and tastes of any given *materia medica*. This is particularly pronounced in the case of herbs and plants. Often highly adaptive to their immediate environment, these tend not only to look very different in different areas but also to demonstrate significant variations in their therapeutic properties.

The *Crystal Mirror of Marvelous Tanadug* was probably compiled during the time of the first Jamgon Kongtrul (1813–1899).³⁷ He was well versed in medicine, a leading Buddhist teacher, and one of the prime propagators of the Tibetan nonsectarian movement (*ris med*), which sought to overcome doctrinal and sectarian difference and divides that existed in the Tibetan Buddhist world of the mid-nineteenth century.³⁸ His literary legacy is vast and although having a base at Tsadra Rinchen Drak in Palpung — itself a great center for medical learning, since the time of the eighteenth-century polymath Situ Panchen Rinpoche — Jamgon Kongtrul is known to have travelled widely. He also taught luminaries, such as Ju Mipham Rinpoche (1846–1912), who continued their teacher's devotion to overcoming the various political and religious divides, and who also learned medicine from him. After Jamgon Kongtrul's death, his lineage was passed on to one of his five reincarnations, the second Jamgon, Karsey Kongtrul (1904–1952), son of the Fifteenth Karmapa.³⁹ During the time of this reincarnation, Palpung continued to be a medical center, and we know that Karsey Kongtrul's personal physician (*bla sman*), Yonten Gyatso (early 20th century), was an accomplished master of medicine and kept the *Crystal Mirror of Marvelous Tanadug* among other items on medicine in his library. His son, also a practicing *amchi*, inherited some of this collection and is the present holder of it.

That this manuscript survived in Tibet is a great blessing, as Yonten Gyatso was imprisoned when early Communist reforms were enforced in the area. Although the details on how it survived have yet to be established, the situation in the area of Palpung was extremely perilous for Tibetan heritage throughout the early decades of Communist activities there. The second Jamgon Kongtrul had already fled into exile in 1959, but whoever remained and had earlier held high positions in Tibet's "old society" was persecuted, demoted, and in many cases imprisoned. During the Cultural Revolution, we know that what remained of Palpung's library was raided by the Red Guards, and in their wake valuable manuscripts were left scattered about the monastery area. "My father went at night to collect some of them — it was very dangerous," recalls Professor Thubten Phutsog, the eminent scholar of Tibetan medicine and literature from Kham and Professor Emeritus of Tibetan literature, himself a student of Yonten Gyatso.⁴⁰

No exact date or name of an artist who could have been responsible for the illustrations are currently known with certainty. As the illustrations evidently mirror Desi Sangye Gyatso's paintings or their copies, which as far as we know had not until the early twentieth century been displayed outside of Lhasa, it is reasonable to assume that the illustrator must have at some point worked in Lhasa — possibly Labrang — where he could see (and thus copy) the *materia medica* plates that were housed there. It is possible that other illustrated as well as textual medical simple manuscripts were previously available in the Palpung area itself, also perhaps Jampal Dorje's printed *Beautiful Marvelous Eye Ornament*. However, it is unlikely that the illustrations in the *Crystal Mirror of Marvelous Tanadug* were copies of such earlier works. Further details about the relationship between this work and other manuscripts, as well as how it relates to the wider pharmacological and medical literature, will become known as research on them progresses.⁴¹

A TIBETAN ILLUSTRATED PLANT MATERIA MEDICA MANUSCRIPT In its artistic style a second illustrated *materia medica* manuscript again follows closely the Lhasa medical *thangkas*. It is of smaller size than those discussed so far and comprises a total of sixty-one folios, most of which have illustrations on both sides.⁴² It lacks a title and page numbers, and in further contrast to the *Crystal Mirror of Marvelous Tanadug* (which is on paper), the materials used here are ink and watercolor on canvas, each sheet of which is sewn together, and it shows signs of heavy use on the sides. In terms of style, the illustrations are very similar to those of the plant items featured in Desi Sangye Gyatso's medical

11.21 Taste and Potency of Medicines. Plate 23 of the Tibetan medical paintings. Lhasa, central Tibet; early 20th century. Pigments on cloth; 86×68 cm. National Museum of the Republic of Buryatia, Ulan Ude. Photograph courtesy of Serindia

11.22 Detail from a Tibetan illustrated plant *materia medica* manuscript, Supplementary plant *materia medica*. The middle flower shows *Pangyen* — *Aconitum*), known to be toxic to humans and animals in its unprocessed form. Dharamsala Men-Tsee-Khang, India. Photograph courtesy of Men-Tsee-Khang and Tashi Tsering



paintings, which the manuscript clearly copies. However, not all of those from the *thangkas* are found in this manuscript; it seems that subcategories of certain items have been left out, perhaps because they were not relevant to the doctors who had this manuscript made. There are no textual descriptions for the images in this manuscript, which is also the case in the Lhasa medical *thangkas*.

In terms of content, this volume can be called an herbal as it presents only plant materials, namely of the three Tibetan medical categories of “tree medicines” (*shing sman*), “medicines from the plains” (*thang sman*), and “herbal medicines” (*sngo sman*). It is most likely an illustration to one of the works by the early twentieth-century scholar Khyenrab Norbu on the identification of plant simples.⁴³ The overall number of items shown on the manuscript is approximately 450, with most of the drawings belonging to the category of “herbal medicines” (*sngo sman*) (see FIG. 11.22).

The provenance of this manuscript is as yet uncertain, but it was probably brought from Tibet into Indian exile and later

donated to the Dharamsala Men-Tsee-Khang, when it was established in 1961 with the aim of preserving, practicing, and producing Tibetan medicine in exile.

In both of the manuscripts discussed so far, the finely detailed illustrations are expertly executed. Given the religious and political influence and widespread connections of the first Jamgon Kongtrul, the high standard of the illustrations in the *Crystal Mirror of Marvelous Tanadug* is hardly surprising. The similar standard evident in the second manuscript also makes it more likely that it had a knowledgeable and perhaps financially powerful sponsor.

We have seen so far that in terms of visual illustrations Desi Sangye Gyatso’s set of medical paintings of *materia medica* was a crucial influence on later illustrated *materia medica* works. The format in which this dissemination took place differed from that of other topics of the *thangkas*. The drawings of anatomy, moxibustion, and bloodletting tended to be copied onto large sheets of paper or canvas that were then used as teaching aids in sometimes far-flung places

11.23 First two folios of an illustrated *materia medica* manuscript, starting with *Arura* plant which is considered a panacea in Tibetan medicine. Mongolia. Ink on paper; 35.5 × 8 cm. Wellcome Library, London



(FIGS. 2.7, 2.11, and 4.8), although in the exceptional case of the *Marvelous Eye Ornament* of Jampal Dorje they were also printed much smaller. *Materia medica* illustrations, meanwhile, throughout the eighteenth, nineteenth, and early twentieth centuries more typically were featured in Tibetan manuscript forms. Owing to the relatively small size of individual illustrations, they could easily fit onto manuscript-size pages, allowing students to sit and study each ingredient close-up or use them as an aid in the memorization of the *Four Tantras* classic and the *Explanatory Tantra*'s difficult to memorize chapter 20 on medical simples. Another advantage was that such works could be taken on plant collection trips, used to aid on-the-spot identification of species. That this might have actually been the case we can surmise from both works showing considerable evidence of wear and tear at the edges of pages.

The Illustrated Medical Simples of the Four Tantras Manuscript from Mongolia

The *Illustrated Medical Simples of the Four Tantras* manuscript from Mongolia was held in the private collection of a Buddhist Lama in the Central Mongolian province of Töv (Töv aimag) before it was acquired by the Wellcome Library, London. The Lama belonged to the Gelugpa monastic order and also possessed several manuscripts with notes for ritual music and

on astrology. However, the circumstances of the production or use of the manuscript in situ remain unknown. That the text came from the collection of a Tibetan Buddhist monastic, however, lends credence to the argument that medicine was an essential part of a Buddhist scholarly education.⁴⁴

Originally consisting of fifty-three folios, the Tibeto-Mongolian manuscript now comprises forty-eight folios (each 30.5 × 8 cm),⁴⁵ illustrated on both sides and held together by a square cloth of thin blue silk brocade. Most of the medical simples are drawn in black ink and were then colored with watercolor. Accompanying name labels and texts are also written in black ink, mainly in the Tibetan print script with a few exceptions in cursive script. It appears that the illustrations were carried out by a semi-professional artist, while the Tibetan spelling and writing is scholarly throughout.

This Tibeto-Mongolian manuscript references the *Four Tantras* in its title⁴⁶ and also describes many of the medical simples found within it. Nevertheless, it deviates significantly from its apparent parent text in a variety of ways. Most obvious are the differences in descriptions, sequence, classification, and numbers of the medical materials. For example, the manuscript opens with an illustration of the plant *Arura Namgyal*, the “Victorious Myrobalan” (FIG. 11.23), signifying this plant’s and its related group’s important status



11.24 Folio 44 on animal materials from an illustrated *materia medica* manuscript. Mongolia. Ink on paper; 35.5 x 8 cm. Wellcome Library, London

as Tibetan medicine's panacea; the plant is also held in the Medicine Buddha's right hand. This is in contrast to the class of precious substances, with which the *Explanatory Tantra's* chapters on *materia medica* begin the eight-fold classification of medicines.

Further in this Tibeto-Mongolian text, descriptions of the simples are seen to vary in length, content, and detail; however, generally a short description is given of physical characteristics, the environment where a plant grows or a simple is found, their therapeutic properties (*nupa*), and usage. These descriptions are not mere copies of what can be found in either the *Four Tantras* or the *Blue Beryl* — compared to these two texts, this Tibeto-Mongolian manuscript gives more detailed descriptions of some items.

Furthermore, the manuscript depicts more than 460 items, taking in all classes of medical materials, which is more than the *Four Tantras*. The logic behind the choice of what is illustrated in the Tibeto-Mongolian manuscript has yet to be fully elucidated, yet it seems to be probable that, again, those items most relevant for local purposes and perhaps also locally more easily available or considered prestigious were chosen.

From the varying styles within the text it is evident that several different hands were responsible for the final manuscript. We cannot, therefore, make any overarching judgment regarding the artistic influences that acted upon it. It seems that only the first and the last few folios show clear signs of influence from Desi Sangye Gyatso's Lhasa medical paintings. Before the early twentieth century, an encounter with them could have taken place only at the Chagpori in Lhasa — perhaps Labrang — which is not improbable given how many Mongolian monks and doctors came to study in and around these places and how many other Tibetan texts were brought back to Mongolia. Depending on the actual dating of the manuscript, which is most likely from the late nineteenth or early twentieth century, artists could also have

copied some of the items from a reproduction of the Lhasa set held in Buryatia.⁴⁷

It is clear that the style of the folios closely correlates in style to the *thangka* paintings and that the authors of the folios copied some of the items, even if in the original *thangkas* — especially when depicting plants and animals from far-away places — they were evidently incorrect. An example of this is the drawing of a rhinoceros (see FIG. 11.24, far left) that sits next to accurate depictions of animals endemic to the high Tibetan Plateau and Mongolia, such as frogs, otters, and the Tibetan Hodgson's antelope.

In the middle part of the manuscript, with some exceptions, the drawings are less sophisticated and less smoothly executed. This might be an indication that only some of the people involved in producing this composite manuscript actually had first-hand experience of the *thangkas*, with others relying on accounts to produce the images. With this in mind, what might be replacement images for a lost middle part of the manuscript⁴⁸ could have been based on observation of medical items locally available or following other illustrations. Perhaps surprising, the illustrations in this part of the Tibeto-Mongolian manuscript are not particularly close to those of the renowned medical text of Mongolian origin previously discussed, namely Jampal Dorje's *Beautiful Eye Ornament*.

Untitled *Materia Medica* Manuscript from the Tucci Collection

The last illustrated manuscript to be discussed here is perhaps not the most beautiful of the four (FIG. 11.25). Nevertheless, it is interesting because of its local character, its complete absence of reference to or seeming influence from the *thangkas* of Desi Sangye Gyatso, and its likely greater age.

This illustrated *materia medica*, without a title page, is currently held in the Fondo Tucci Archive at the library of the

11.25 Details from an illustrated *materia medica* manuscript, Folio 10 verso. Origin unknown; date unconfirmed. Ink on paper; 24 ff, 28 × 8.5 cm. Tucci Collection, Rome



Istituto Italiano Africa e Oriente (IsIAO), Rome. It forms part of the collection of an eminent Italian Tibetologist, Giuseppe Tucci (1894–1984), who entrusted the institution with much of the material he had collected from several trips to Tibet and the Himalayas.⁴⁹ Alessandro Boesi, who translated the manuscript from Tibetan to Italian, and who is working on an English translation, has studied its contents in depth.⁵⁰ Here I (very briefly) summarize his findings: the collection has twenty-four folios remaining of the original thirty, which depict and discuss 180 medicinal plants, with a few additional drawings showing medical instruments and deities. Most of the items are labeled and described in cursive script, outlining name, synonyms, morphological features, habitat, and curative properties of the plants. In some interesting cases, Boesi reports associations with Buddhist and Bon divinities, and plants are presented as their magical creation (*sprul*) or recipients of their blessing (*byins labs*). The manuscript also contains other legends describing the magical creation of plants for human benefit.

In the overwhelming majority of instances, the classification, sequence, and content of the items in the Tucci manuscript do not follow the classifications, identification, and description of *materia medica* found in the pharmacology works used by many Tibetan *amchi* and *menpa* throughout the Tibetan cultural world. Boesi writes that only a few notably short passages in the manuscript are also present in the *Shelgong* and *Blue Beryl*; he goes on to suggest that even these might have derived from passages of an earlier work that the Tucci manuscript as well as the *Shelgong* and *Blue Beryl* all subsequently refer to. As a consequence, he asserts, no firm composition date can be established for the Tucci manuscript.

In contrast to the *materia medica* works outlined above, the plant illustrations are vague, Boesi remarks, with some of the plants discussed not found in any other classical Tibetan medical texts. The scope of this work, he concludes, was “to

catalogue the local *materia medica* so that medicinal plants could be easily collected and used.”⁵¹

Intriguing questions regarding this manuscript remain: Where where did it come from? What author could take the scholarly liberty of failing to reference common pharmacological works, seen (still) as the gold standard of Tibetan pharmacology throughout a vast cultural sphere?

Sadly, Tucci left no record of where he found and bought this manuscript. Boesi thinks it likely to have come from southern Tibet, Sikkim, or the northwestern regions of Nepal, as several of the synonyms given do not appear to be proper Tibetan, indicating the creator might have had to use alternative terms when acquiring the plants. As far as I am aware, the only period that Tucci spent significant time with a Tibetan *amchi* was in Gyantse, central Tibet, where in 1937 he befriended an educated local medical doctor. As such, the origins of the Tucci manuscript remain obscure.

Recent Illustrated *Materia Medica* Works

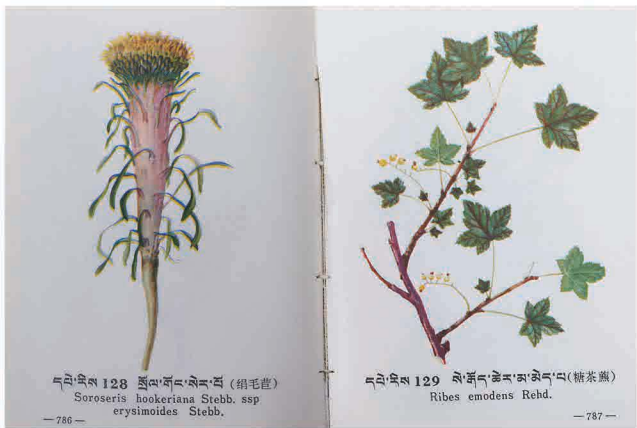
The importance of the Tibetan genre of medical simples texts (*trungpe*) and the visual representation of single *materia medica* has continued through the twentieth century to the present, shaped in a context of exchange between different scientific and medical communities and evolving means of visual technologies and publishing. With one notable exception,⁵² illustrations in these modern *trungpe* have now largely been replaced by color photography, and most materials have, in addition to Tibetan classifications, also been identified according to Latin botanical classifications. Both old and new *trungpe* are consulted, edited, and created by students and practitioners alike, and they have taken on particular relevance in some parts of Nepal and Tibet, in order to document and protect endangered species used in Tibetan medicines, which are disappearing owing to a range of factors, including environmental change and the industrialization of Tibetan pharmaceutical production, discussed in chapter 3.

One of the first, if not the first, modern illustrated Tibetan medical *trungpe* was published by Tibet's Military Health Division during the Cultural Revolution in Lhasa; it is entitled *Tibet's Common Chinese Medicines* (1973).⁵³ This handbook of over 400 plant and animal simples found in Tibet is to my knowledge the first modern publication to offer Tibetan as well as Chinese and Latin botanical identifications. It has 424 color illustrations, devoting one page to each, using a hybrid of photography and print techniques, sometimes sketches, which are printed on a white background (see FIG. 11.27). This presentation is clearly inspired by European traditions of depicting *materia medica* and classical European herbariums, where a plant is collected, dried, then pressed and presented on white sheets of paper. (The blueprint for this kind of presentation probably will be found in widespread Chinese botanical pharmacopeias of the pre-Cultural Revolution era). The work was the outcome of the first decade of collaboration in the Communist era between Tibetan doctors and Chinese medical practitioners and pharmacologists — Tibetan pharmacopeia being one of the few areas of Tibetan medicine officially sanctioned and perceived by local health authorities to have “socialist potential.”⁵⁴ With no equivalent illustrated text available and the possession and use of classical texts officially banned until the early 1970s–80s, this affordable *materia medica* handbook (it initially cost only 2.20 yuan) has been widely used for the identification of plants in the field, as shown on Figure 11.28. It was also published in Chinese in the same year.⁵⁵ Many of the Indian-derived medical materials are not included, most probably in the spirit of self-reliance prevalent in official Chinese health care.

In daily use of pharmacologists and doctors, this work has now been largely replaced by the *Crystal Mirror* (*Shelgyi Melong*) by Gawo Dorje, published in 1995 in Lhasa. This hardbound and comprehensive work is of high academic and publication quality. The author engages deeply with existing Tibetan plant classifications as found in the classical texts, manuscripts, *materia medica* illustrations, and newly available reprints of older works, as well as with plant classifications of modern science, mainly Linnaean classification.⁵⁶ This work introduces as an overarching classification of all materials the tripartite European division of life-form or “kingdom” (mineral, plant, animal), when previously, as we have seen, Tibetan classifications in the pharmacological literature relied on a number of different morphological, geographical, and other features in grouping materials into either eight or thirteen classes. Furthermore, morphological features here take precedence as organizing principles over those of nature, or essence, and potency.⁵⁷



11.26 Tibetan Pharmacopeia *Materia Medica of Tibet and Everlasting China* in use by a Tibetan doctor in Central Tibet



11.27 The Tibetan Pharmacopeia *Materia Medica of Tibet and Everlasting China*



11.28 Photographic representation of *materia medica*, last section of Gawo Dorje's authoritative *Materia Medica* work *Crystal Mirror* published in 1995 in Lhasa

At the end, the work features a large section with high-quality color photographs of several hundred raw materials used in Tibetan medicine, each identified in Tibetan, Chinese, and Latin (FIG. 11.28). It begins with studio photographs of mineral medicines, followed by photographs of Tibetan plant species largely taken in the field. This way of documenting Tibetan medical plants is in stark contrast to all previous illustrations, even the 1973 publication. The plant section is then followed by photographs of animals, largely taken in situ,

with some exceptions showing European-style drawings, and samples of dried animal parts photographed in the studio.

This last photographic section of the work, I would argue, is one of the most widely appreciated and used parts of the book, and I have seen it used for identification purposes in the field and in pharmacology departments of universities, factories, and small-scale production units in Tibet, Nepal, and Dharamsala. With its depiction of *materia medica* and their identification (without accompanying text), it is in overall function and use not far away from some of the older illustrated *materia medica* handbooks discussed in this chapter.

However, aspects of Gawo Dorje's new classification scheme, such as the idea of a plant as one category that includes all of the traditionally named woody, herbal, and other kinds of medical materials has to date not caught on, and practicing Tibetan doctors and pharmacists tend to continue to refer to the traditional categories.⁵⁸ The work has inspired a host of new publications following in part Gawo Dorje's scheme of subclassification and visual presentation of *materia medica*, all seeking to provide proof for their "correct" identification of medical materials (in either, or all of the three prevalent classificatory systems of Tibetan, Chinese, and Latin classifications) by the use of color photography. There has also been some collaboration between European pharmacognosists and Tibetan pharmacology experts which has led to publication, for example, of sixty short plant monographs based on Tibetan and European classification and understanding.⁵⁹

Yet, in the course of attempts at standardization and finding correlates between European- and Tibetan-derived classifications of *materia medica*, these modern-day texts all run into problems. This is in part because of considerable variations in the identification of medicinal plants in Buryatia

in the north, Nepal and Ladakh, and across the Indian Himalayas and the Tibetan Plateau.

Furthermore, local variations and their locally used names and classification are often not mentioned at all in either classical Tibetan medical literature or botanical treatises. So far only a few but nevertheless promising efforts have been made in order to understand alternative ethno-botanical taxonomy of local fauna and flora and their relation to the classical Tibetan medical literature, and in some cases the botanical species known in modern biology.⁶⁰

* * *

Finding an exact identification of a substance across regions has been a concern for the medical community in historical pharmacology illustrations and texts. These concerns have become heightened today, due to the stringent bureaucratic protocols and requirements within modern industrial medicine production. In such a context, when in doubt, the final word falls to laboratory staff, who identify a substance through thin-layer chromatography. Such testing has to be carried out on every batch of medical ingredients used in medicine production, if it is to be considered as maintaining the standards of Good Manufacturing Practices. As was discussed in chapter 3, a significant number of medical practitioners continue to make medicines on a smaller scale and to source ingredients for their production out in the field and in markets. For them the traditional methods of identifying medical materials — such as through appearance, habitat, and, in particular, taste — remains crucial, as do, therefore, the genre of illustrated *materia medica* works and classical texts upon which practitioners continue to rely during the process of making medicines.

Chapter 12

The Journeys of Tibetan Medicine

Martin Saxer



The art of Tibetan medicine is one of cosmopolitan synthesis. Herbs not found on the Tibetan plateau form an essential part of its *materia medica*; the word for Tibetan doctor — *amchi* (*am chi*) — is derived from Mongolian; and the hagiographic accounts of its formation describe a Tibetan gathering of physicians from places such as India, China, and Persia. At the same time, distinct local traditions of Sowa Rigpa, the science or art of healing, have developed throughout the Tibetan Buddhist world and beyond. These local traditions differ substantially from each other, as Sienna Craig discusses in chapter 6. They are adapted to the availability of local herbs, the style of famous local lineages, the preferences of doctors, and the needs of patients.

One such localized tradition of Tibetan medicine developed in Buryatia, the area directly north of Mongolia belonging to the Russian Federation.¹ In the second half of the seventeenth century, Buryat–Mongol clans began migrating to the territory southwest and east of Lake Baikal in southern Siberia. At about the same time, the outposts of the Russian empire reached Buryatia, and Cossacks started raiding the area and building forts for trade and for their troops. Meanwhile, the Chinese Manchu empire expanded and threatened Buryat autonomy as well. Because the Buryats feared the Manchu more than the Russians, they accepted the tsar’s territorial sovereignty in exchange for protection.²

At the beginning of the eighteenth century, Buddhism slowly began to spread in the steppes and semi-steppes east of Lake Baikal. Mongolian and Tibetan lamas settled there, built monasteries, and started teaching. Together with Buddhism and Tibetan monastic tradition, Tibetan medicine came to Buryatia. In the borderlands of the Russian empire, where the fringes of the Tibetan Buddhist world met with the world of Russian settlers, forts, and military barracks, the Tibetan Sowa Rigpa first came in contact with European thought and culture. Thus, it is not surprising that Tibetan medicine’s early journeys to the West started precisely here — the frontier zones of European and Asian cultures.

In Tibetan medicine’s journeys from East to West, one name keeps coming up: Badmayev — a family of Tibetan medical physicians from Buryatia. The Badmayevs established the practice of Tibetan medicine in the European part of Russia and later brought it to Poland and Western Europe. They were wanderers between worlds. Buryat Buddhism, Russian Orthodoxy, Polish Catholicism, and Soviet Atheism formed the backdrop against which they continued to push for Sowa Rigpa. Their biographies provide an insight into an early interface of an Asian medicine with European thought

and culture and demonstrates the flexibility and adaptability of the Tibetan body of medical knowledge to socio-political, legal, and intellectual challenges. The story of the Badmayevs highlights the various entanglements of Asian and European histories of Tibetan medicine.

In this essay, which is based on research I carried out between 2003 and 2005 in connection with my documentary film *Journeys with Tibetan Medicine*, I will focus on four members of the Badmayev family — Sultim, Pyotr, Vladimir, and Nikolay — and a century of history. In the 1850s, Sultim Badmayev was invited to Saint Petersburg, where he established the practice of Tibetan medicine in the capital of the tsarist empire. His charismatic younger brother Pyotr Alexandrovich Badmayev followed him in the 1870s and became a famous and influential but also highly contested personality in Russian high society during the last decades of tsarist empire. After the Russian Revolution, Pyotr’s nephew Nikolay Nikolayevich Badmayev managed to find a niche for Tibetan medicine in the young Soviet state by portraying Tibetan medicine as compatible with Soviet science, and he managed to get support from the highest party members. His younger brother Vladimir Nikolayevich Badmayev fled to Poland during the revolution. Inspired by the reform movements of the early twentieth century, he ventured to transform Tibetan medicine into a synthesis of Western and Eastern ideas and techniques.

The Badmayevs’ efforts and struggles to carve out a space for Tibetan medicine amid the turmoil of the late nineteenth and twentieth centuries, amid evolving notions of science and changing medical regulations, foreshadowed similar struggles practitioners of Tibetan medicine face today around the globe. I will explore the various ways in which the Badmayevs understood and presented Tibetan medicine in relation to the worlds in which they were living by looking into their networks, patients, and political aspirations for and with Sowa Rigpa.

From the Buryat Steppes to a European Capital

The Badmayevs originated in the village of Taptanai, about a thousand kilometers east of Lake Baikal and a few hundred kilometers south of Chita (FIG. 12.1). They were said to have been an influential and well-off family, claiming, like many Mongol and Buryat families, to be direct descendants of Ghengis Khan. In the course of my research, I came across five considerably different versions of the Badmayev family tree, but all of them concurred that in the first half of the nineteenth century one Duntsuhun Badma had seven sons.³ The oldest, Sultim Badma, studied Tibetan medicine at Aga monastery — or Aginsky Datsan — which was a two-day

Animal Medicines (II) from Jampal Dorje’s *Beautiful Marvelous Eye Ornament*, Mongolia; 19th century. Part II, folio 35 *recto* & 35 *verso*. Reprinted in *Śatapitaka Series* (Vol. 82), New Delhi, International Academy of Indian Culture, 1971. Tibetan Buddhist Resource Center. W30452



12.1 Taptanai, the birthplace of the Badmayevs; 2003

walk from the Badmayevs' ancestral village of Taptanai, and he subsequently became a well-known doctor in the area (FIG. 12.2).

Throughout the nineteenth century, relations between the Buryats and the Russians were somewhat ambivalent. On the one hand, the so-called Speransky statute of 1822 granted the Buryats considerable privileges, including their own courts, religious freedom, and a partial tax exemption. On the other hand, the Buryats looked askance at the Russian presence. In 1853, for example, a new law governing the Buddhist clergy of Siberia formally recognized the thirty-four existing Buddhist monasteries in Buryatia, but it stipulated that no new monasteries should be built and that the monk population should not increase further.⁴ Although the Russian Orthodox clergy was very influential in the tsarist empire and clearly disapproved of the expansion of Buddhism on Russian territory, Russia's policies toward Buryatia remained pragmatic and on the whole tolerant. The Far East was of great strategic importance; the goal was to secure access to the ice-free ports on the Pacific Ocean.

In 1847 Count Nikolay Nikolayevich Muravyov was appointed the Governor General of Irkutsk and Yeniseysk, the vast area east of Lake Baikal. Profiting from the Manchu Qing dynasty's weak position during the second Opium War (1856–60), Muravyov managed to establish effective control in the Amur region and gain access to the Pacific coast. In the treaty of Aigun (1858), the Qing empire signed over 600,000 square kilometers of land to Russia. As a reward for this success, the Russian Tsar Nikolay I bestowed the title of Count Amursky on the Governor General. Muravyov-Amursky, as he was subsequently known, became one of the most influential people at the Russian court.

It was this very Muravyov-Amursky who met with Sultim Badma in the 1850s, when Sultim is said to have helped Muravyov-Amursky fight a typhoid (or cholera) epidemic that

ravaged his troops. In 1857, at Muravyov-Amursky's official invitation, Sultim Badma came to Saint Petersburg, where he was appointed to a position at the Nikolayevsky military hospital. In 1860 the following order reached the hospital: "The Lama Badmayev is instructed to apply his herbal healing drugs to patients who suffer from all stages of tuberculosis. As well, he shall try his remedies on cancer patients. The treatment shall be conducted under the supervision of the hospital physicians. In case he runs out of herbal ingredients, he shall inform the authorities in time, who are instructed to ensure sufficient supply. If he fails in treating the patients successfully, he shall not receive permission to practice as a doctor in our country."⁵

There are no documents about the results of these treatments, but in 1861 Sultim received the title of assistant physician and the right to wear a military uniform. He was baptized and given the name Aleksandr Aleksandrovich Badmayev, and Tsar Alexander II became his godfather. For a short period of time, Sultim was sent back to Siberia to be on hand for the governor, but in 1864 he was called again to Saint Petersburg, where he began to study surgery at the Military Medical Academy and to teach Mongolian at the university. However, his request to be granted the title of an associate professor was denied, as he had no academic certificates, and he never completed his studies at the Military Medical Academy.⁶ Sultim later established a private Tibetan pharmacy and medical ward on Suvorovsky Street — the first Tibetan medicine practice in Europe. He died in Saint Petersburg, probably in 1873.⁷

Mysticism and the Russian High Society

Muravyov-Amursky had also facilitated the study of Sultim's youngest brother, Zhamsaran, at the Russian Gymnasium in Irkutsk. In 1870,⁸ after his graduation at the age of about twenty, Zhamsaran joined Sultim in Saint Petersburg, where he helped in the Suvorovsky Street dispensary and developed a great passion for Tibetan medicine. Zhamsaran was baptized Pyotr Aleksandrovich Badmayev. As with his elder brother, a member of the tsar's family, Aleksander, the tsar's son and heir, became Pyotr Aleksandrovich's godfather.

Pyotr Badmayev entered the prestigious Imperial Military Medical Academy but was apparently expelled after a year for not paying his fees.⁹ Pyotr then started studying languages at the Oriental Faculty of Saint Petersburg University and later matriculated a second time at the Imperial Military Medical Academy, but he never passed his final examinations. According to Pyotr's grandson Boris Gusev, he did not take the exams because of the required vow to use European methods of treatment exclusively.

When Sultim died in 1873, Pyotr had already gained ground in the capital. Because he had studied at a Russian gymnasium, he was familiar with Russian culture and language, and with Alexander III as his godfather, the doors to the Russian high society were open to him. He married a noblewoman, moved among the rich and powerful, and quickly became known for his dazzling personality (FIG. 12.3).

Pyotr established a private Tibetan medical clinic on the Poklonnaya Hill in the outskirts of the city (FIG. 12.4). His network of patients and friends grew steadily, among them such distinguished individuals as Count Sergei Yulyevich Witte¹⁰ and Prince Esper Esperovich Ukhtomsky.¹¹ His practice flourished, and his opinion and expertise, not only as a doctor but also in Buryat and Far Eastern matters, were highly valued in Saint Petersburg. In 1876 Pyotr was appointed to work for the Russian Ministry of Foreign Affairs, and in 1881 his godfather, Alexander III ascended the throne.

Predicting the fall of the Manchu Qing dynasty in China, Pyotr suggested that Russia be prepared and try to win over the local nobility in the Qing empire's borderlands. In 1893 he proposed an ambitious project — to prepare the grounds for a future annexation of Manchuria, Mongolia, and Tibet. His patient and supporter Count Witte, at that time not only the Minister of Finance but also probably the most influential

figure at the court, initially supported the idea. Pyotr suggested establishing a trading house in Chita that would serve as a camouflage and as a base for further activities. He was given a loan of two million rubles in gold for this plan, an enormous sum at the time.¹²

During these years the Great Game was at its peak. British and Russian “geographical expeditions” were sent out to prepare the two empires for a possible military confrontation.¹³ Agents were also sent out from Pyotr Badmayev's trading house in Chita; in 1895 one group of agents, disguised as pilgrims, made their way to Lhasa, where they met with Agvan Dorzhiev, a Buryat monk who had studied at Drepung Monastery in Lhasa, had been appointed to serve as junior tutor to the Thirteenth Dalai Lama. The tutor and His Holiness developed a close relationship, and Dorzhiev became an influential advisor to the government in Lhasa.¹⁴

The Thirteenth Dalai Lama agreed to send Dorzhiev to Russia in order to find out more about the Russian ideas regarding possible cooperation, and in 1898 Dorzhiev had a meeting with Tsar Nikolay II, arranged by Prince Esper Esperovich Ukhtomsky. Ukhtomsky, a friend and patient of Pyotr Badmayev's, belonged to the inner circle around the tsar, whom he had accompanied on his journey to the East in 1890–91.¹⁵ The Tibetan and Mongolian artifacts collected on this journey became the basis of the Ukhtomsky

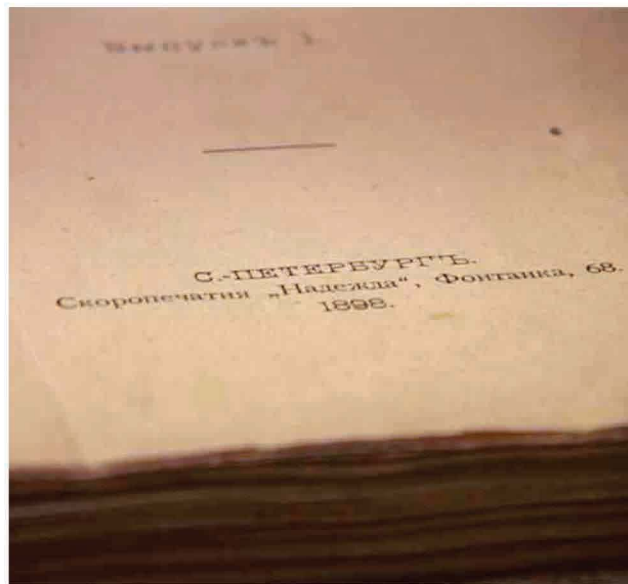
12.2 Sultim Badma alias Alexander Alexandrovich Badmayev

12.3 Pyotr Badmayev and his first wife





12.4 Poklonnaya Gora, the clinic



12.5 Title page detail of Badmayev's translation of the first two volumes of the *Gyushi* from 1898, under the title *O Sisteme Vrachebnoy Nauki Tibeta* (*On The System of The Medical Sciences of Tibet*). St. Petersburg

collection at the Hermitage in Saint Petersburg. One of the items, an extended Medicine Buddha mandala, is illustrated in Figure 7.14. Ukhtomsky also had his own publishing house in Saint Petersburg and was editor of a newspaper, *Sankt-Peterburgskiy Vedomosti* (*The Saint Petersburg Record*). The fact that a confidant of His Holiness the Dalai Lama was in Saint Petersburg must have caused great excitement.

The myth of Shambala played a crucial role in the context of Dorzhiev's visit.¹⁶ Many nineteenth-century scholars in Tibet, as well as in Europe, were captivated by the idea of Shambala, and there were numerous theories about where it might actually be located.¹⁷ Shambala was traditionally described as being somewhere in the north, and a number of scholars suggested that it must be in Siberia. Dorzhiev himself supported this theory or at least knew about the political advantage of supporting it. If Shambala were in Russia, and the Romanov dynasty, known as "The White Tsars," were incarnations of White Tara, it would then be easy to propagate the idea of Tibet becoming a Russian protectorate.¹⁸

Translating Science

There is good evidence directly linking Pyotr Badmayev to Agvan Dorzhiev,¹⁹ but nothing is known about any direct contact between the two, and to the best of my knowledge, no photographs exist that show them together.

Pyotr was highly ambivalent about mysticism and Buddhism in general. On the one hand, the general fascination with Buddhism and mysticism among members of Saint Petersburg's high society had opened the doors for him to the rich and powerful, but he considered Tibetan medicine a pure medical science that should be officially recognized

as such and Buddhist mysticism could only obscure this aim. At the height of his career and influence, therefore, Pyotr decided to produce a Russian translation of Tibetan medicine's foundational treaties — the *Gyushi*, or *Four Tantras* — in order to advance the understanding of Sowa Rigpa in Russia. It was to be a special translation, however, not written out word by word but expressed in a language more accessible to a Western audience and more acceptable in the eyes of the Orthodox Church, to which he himself belonged. His translation of the first two tantras of the *Gyushi* was published in 1898 under the title *On the System of the Medical Sciences of Tibet* (FIG. 12.5):

The majority of the readers are most likely unfamiliar with Eastern literature, especially with its scientific genre. We therefore considered it necessary to give some elucidation concerning the following excerpts of the *Gyushi*. We speak only about excerpts, because in presenting the *Gyushi* we wanted to conceal everything that belongs to Buddhism and mysticism (*mistika*) and left only what, in our view, has a direct connection to the medical sciences of Tibet. This means: we excluded everything that belongs to the ignorance (*nevezhestvo*) and superstition (*suyeverie*) of Buddhist lamas.²⁰

In the end, Pyotr Badmayev's efforts did not succeed in convincing either the general public of the scientific value of Tibetan medicine or the Russian government of its value for general health care. Although he continued to gain patients and friends in high places, his political influence began to wane after the turn of the century.

Losing Ground

Agvan Dorzhiev visited Saint Petersburg a second time in 1901, and this time his visit attracted public interest and was widely covered by the press. A rapprochement between Tibet and Russia was discussed openly — too openly in the eyes of Badmayev and Ukhtomsky, whose newspaper, *Sankt Peterburgskiy Vedomosti*, tried to limit the damage: “Talking about a Protectorate can only have the result of bringing misfortune to our countrymen who may be traveling in these countries, embitter the Chinese and excite the British Indian Government to a more active policy.”²¹

Indeed, the British Secret Service did finally learn about Badmayev’s plans and Dorzhiev’s visits, and the idea that Russian troops could suddenly secure Tibet’s borders to India made the British government uncomfortable. Concerned about Dorzhiev’s mission in Saint Petersburg, the British Secret Service informed Lord Curzon, the new viceroy on the subcontinent, and when the message finally reached India, it had a great impact and led to the Younghusband “expedition” to Lhasa in 1903–4.²²

The Russians, however, had other problems. Japan was feeling strong enough for a military confrontation with Russia, and in a blitz the Japanese troops destroyed most of the Russian Pacific fleet in Port Arthur in February 1904. The Russo-Japanese War ended in a complete Russian defeat, and all lofty plans in the East came to an abrupt end. Internal unrest and revolt started in 1905, and the tsar’s dwindling power never recovered after this first Russian revolution.

The Eastern lobby at the tsar’s court lost its influence. Ukhtomsky and his newspaper *Sankt Peterburgskiy Vedomosti* were mired in quarrels with the all-powerful Orthodox Church, and as a consequence Ukhtomsky was disgraced at the court.²³ In addition, Pyotr Badmayev fell out with Witte, as the latter had begun to believe that Badmayev had wasted state money in the East or, worse, had become rich on it himself.

As the political situation changed, the East was no longer regarded as promising but was seen as dangerous and quarrelsome. The court, and especially the tsar’s wife, had found a new source of charisma and mysticism in the figure of Grigori Rasputin. Piotr Badmayev’s voice was no longer heard in political matters, and both he and the practice of Tibetan medicine in general came in for harsh criticism.

Badmayev’s main opponents were two physicians, Kirillov and Kreindel. Kirillov had himself traveled for half a year through Siberia and Mongolia, and according to one source, he had met with Badmayev when the latter gave a lecture on Tibetan medicine in Chita. Kirillov spoke up

against Badmayev, and a personal enmity between the two men developed. After his travels, Kirillov felt obliged to write a pamphlet against Tibetan medicine, in which he argued that pulse diagnosis, Tibetan pharmaceuticals, and the basic concepts of Tibetan medicine could not hold up to scientific examination. Kreindel accused Badmayev in 1904 of being responsible for the death of Fonark, the director of the Saint Petersburg conservatory. Badmayev sued Kreindel for libel and lost the case, which attracted a lot of attention in Saint Petersburg.²⁴

In 1905 residents of Buryatia and Kalmykia applied for official recognition of Tibetan medicine in Russia. The petition was turned down and Tibetan medicine was officially labeled as unscientific and unfit to receive any state support. Piotr Badmayev’s practice nevertheless continued, and his popularity among his patients remained high. His second wife, Elisaveta Fyodorovna, took a keen interest in Tibetan medicine and helped him in the clinic. Finally, the revolutions of February and October 1917 put an end to the old Saint Petersburg society, and Pyotr Badmayev, a staunch royalist, was arrested five times during the turmoil. Weakened by his time in prison, he died in 1920.

A Cure for Cadres

Although none of Pyotr’s children (eight with his first wife, Nadezhda Vassilyevna, and one with his second wife, Elisaveta Fyodorovna) followed in his footsteps, two of his nephews did — Ossor and Zhamyan. Ossor, the elder of the two, went to Saint Petersburg to attend his uncle’s school in the 1890s. Again a Russian tsar, at that time Nikolay II, agreed to be his godfather when Ossor was baptized as Nikolay Nikolayevich Badmayev. As a young man, Ossor first set out for a career in the Russian army and was already a lieutenant when he started studying medicine at the Military Medical Academy in Saint Petersburg. Pyotr Badmayev had pushed him to take this route and to obtain the approbation as a military doctor. In 1914, just as World War I started, Nikolay obtained his diploma and was called to the front to serve in a field hospital (FIG. 12.6).

In 1917, after the war and the revolution, Nikolay worked in Kislovodsk, a Russian health resort famous for its mineral springs. Many a party cadre came to Kislovodsk for treatment, and apparently, they responded well to Nikolay’s Tibetan medicines and treatment methods. After some time, Nikolay felt confident enough to approach the Health Ministry with a formal request to be transferred to Leningrad (as Saint Petersburg was then called) in order to start a Tibetan medical department at the Military Medical Academy. His request was dismissed.

Eventually, Nikolay went to Leningrad on his own accord and established a private practice. In 1927 a newspaper published an article by the same Dr. Kreindel whom Pyotr had sued for libel in 1904. Kreindel wrote that he had fought against Pyotr Badmayev and would now fight against Nikolay, as the latter continued his uncle's "quackery." Nikolay was called to the Health Ministry and had to promise not to use "unscientific powders" any longer and to refrain from "brutal massage methods." Because he held a diploma as a military physician, the Ministry refrained from shutting down his practice. Shortly after this incident Nikolay was arrested by the Secret Service, but after three weeks he was released and the attacks on him stopped. According to Tatjana Grekova, he had managed to convince a member of the Secret Service of the great benefits of Tibetan medicine.²⁵

After this arrest, Nikolay's career moved forward quickly. An increasing number of distinguished individuals became his patients, including the acclaimed author Maxim Gorky; Grigori Kaminsky, who would later become the Soviet Union's first People's Commissar of Health, or Health Minister; and Gleb Boki, head of the very powerful Special Department of OGPU (Ob'edinennoye Gosudarstvennoye Politicheskoye Upravleniye, the Joint State Political Directorate), a forerunner of the KGB. Again, a Badmayev had found influential patient-friends who had a personal interest in Tibetan medicine and were willing to push for its wider recognition.

However, despite Nikolay's personal success, new clouds were already on the horizon. In the fall of 1929, the party leadership (dominated by Stalin after Trotsky's exile that year) finally decided to fully collectivize the agricultural sector.²⁶ The Politburo was convinced that the problem of supplying enough food to the industrial centers could be solved only with the implementation of large collective farms and insti-

tuted an enormous propaganda campaign. This campaign was not only very supportive of collective farms, but it also took a stand against virtually everything that appeared to inhibit the progress of modernity in the Soviet Union.²⁷ Buryat monasteries — and their colleges, where Tibetan medicine had mostly been taught — suffered a great deal during this campaign. The argument against Lamaism was straightforward: the fact that a considerable part of the male Buryat population resided in monasteries was depicted as a unforgivable waste of work force, and accordingly, monks and lamas were labeled parasites who lived an easy life at the expense of the working class. They were (among many others) blamed for the economic problems of the socialist state.

As a consequence of this propaganda campaign, religious institutions were no longer allowed to run medical facilities and treat patients after 1929, and monastic Tibetan medical practice was effectively outlawed. Maxim Gorky, however, was still committed to helping Tibetan medicine find its place in Soviet society, and with his support Nikolay managed to convince the authorities that a scientific approach to the study of Tibetan medicine would be of great benefit. In 1934, while the monasteries in Buryatia were being closed one after another, a new department for research on Tibetan medicine was established at the Institute for Experimental Medicine in Saint Petersburg. Fyodorov, the head of the Institute, was a fierce opponent of Tibetan medicine, and the new department opened against his will. Fyodorov was originally from Irkutsk, where he had worked to obtain tighter regulations for monasteries and Tibetan doctors. Although he could not prevent the new department from being established, he did manage to keep Nikolay Badmayev from getting an official position. However, less than a year later, the institute was moved to Moscow and the department was closed under the pretext of reorganization.²⁸

Nikolay Badmayev did not give up, and his influential patient-friends continued to support his case. His new plan was to establish a full-scale center for Tibetan medicine, where research, training, and treatment would go hand in hand. He approached the Central Committee with this project, and, with the help of Health Minister Kaminsky, the Central Committee took the decision to support the endeavor. The government provided rooms in the former residence of Count Bobrinsky, where training courses for future staff were organized. Badmayev invited Tibetan doctors from Buryatia to serve as teachers. A scientific conference on Tibetan medicine was held in May 1935, officially supported and organized by the Soviet Academy of Science.

In 1936 the Medical Council of the Soviet Health Committee gathered to discuss the status of Tibetan



12.6 Nikolai Badmayev in a field hospital during World War I

medicine. Several experts were invited to speak, and it was argued that Tibetan medicine specifically and Eastern medicine in general were crucial for public health because biomedicine had no effective remedies against such diseases as tuberculosis, rheumatism, vascular diseases, and infections. Nikolay Badmayev gave a speech in which he tried to explain the fundamental differences between Eastern and Western medicine. Adel' Fedorovna Gammerman, who would become a leading supporter of the scientific approach to Tibetan medicine after the Stalin era, presented the first results of her pharmacological study of Tibetan remedies.²⁹ Despite all the setbacks, it seemed as if Tibetan medicine would finally manage to be officially recognized — although it was, of course, a new Tibetan medicine, without its religious background.

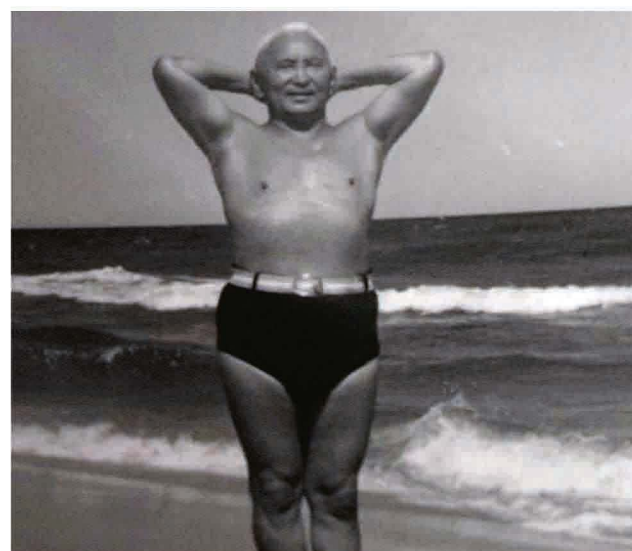
Meanwhile, however, Stalin's distrust had gained a new dimension. The infamous show trials started, during which Stalin deposed his closest companions,³⁰ including, unfortunately, many of Nikolay's influential patient-friends. Gorky was unofficially put under house arrest and died in 1936; Kaminsky was arrested in June 1937 and sentenced to death in the following winter. Agvan Dorzhiev suffered a similar fate; he was arrested in November 1937 and died in January 1938.³¹ Elisaveta Fyodorovna was also imprisoned, although she survived and was released after World War II.

Against all these odds, Badmayev's clinic finally opened its doors in the winter of 1938, and for a short time, patients were received and treated. However, on April 10, 1938, the clinic was shut down, and all staff members were arrested. Badmayev was accused of being a Japanese spy, and, like most of his patients, was shot shortly afterward.

A Better Way of Life

Zhamyan, the younger brother of Ossor, alias Nikolay Nikolayevich Badmayev, was born in 1883 or 1884. As a child he was sent to Aginsky Datsan for education — the same monastery where his uncle Sultim had practiced. Some years later, probably in 1894 or 1895, he went to Saint Petersburg to study at Pyotr Badmayev's school with his elder brother. In 1897 he was baptized Vladimir Nikolayevich Badmayev and like Ossor was honored to have Tsar Nikolay II as his godfather. Vladimir studied medicine at the University of Moscow. As a young physician he served in the army and was in charge of a hospital train during World War I.

During the war he met a Tatar woman. His uncle Pyotr was firmly against the liaison, and Vladimir married her without his uncle's consent. Probably in 1917, during the revolutionary turmoil, she gave birth to a daughter and the couple fled to Poland. They settled in Tomaszów Mazowiecki,



a small town about 100 kilometers from Warsaw. Vladimir Badmayev became Włodzimierz Badmajeff and managed to obtain a license as a Polish physician.

At some point during the 1920s, the family moved to Warsaw, where Włodzimierz met Tamara Ramlau, a young woman of noble Polish descent who had lived in Russia until the revolution. Tamara's seven brothers had been officers in the tsar's White Army, and all but one had been killed by the Bolsheviks. Tamara, pregnant and abandoned by her husband, had escaped through Odessa on a British battleship, where she had given birth to a son. Although she had family in Poland, they were apparently not in the position to help their impoverished relative. Tamara became Włodzimierz's patient; they fell in love and Tamara got pregnant. Włodzimierz left his first wife and started a new life. With Tamara's help and thanks to her good contacts, he quickly advanced. Poland had become a republic after World War I, and Włodzimierz was appointed the personal physician of its first president, Stanisław Wojciechowski, and later his successor, Ignacy Mościcki. Again Tibetan medicine had found refuge among the powerful elites (FIG. 12.7).

The Polish government legalized the production of Włodzimierz Badmajeff's Tibetan herbal medications, which he produced according to his uncle Pyotr's formulas. However, it was difficult to get all the necessary ingredients, and Włodzimierz began to search for substitutes. Because he kept track of his prescriptions, it is possible for us to follow the changes he made in his formulas over time. For example, in the 1920s, he sometimes used caffeine or acetylsalicylic acid (aspirin) in multicomponent Tibetan drugs. When supplies of original Tibetan *materia medica* from India and China picked up again, he adjusted the prescriptions accordingly.

The remedies were still ordered and numbered according to Pyotr Badmayev's scheme, and the Polish authorities registered them under these numbers and their Mongolian names (although the ingredients were already figured with botanical Latin names). Włodzimierz started a semi-industrial production of Tibetan drugs, contracting with farmers to cultivate some of the herbs and establishing a laboratory and manufacturing facility in Warsaw.

In addition to Tibetan formulas, Włodzimierz practiced a treatment method he called "dry surgery" — a deep massage of the abdomen designed to dissolve stasis of any kind.³² Włodzimierz always emphasized this physical therapy as a crucial aspect of Tibetan medicine. One of his patients, the young Polish pianist Johannes von Korvin-Krasinski, describes the process as follows:

During my second or third visit he asked me to undress and lie down on a table. He performed what he called "the dry surgery." Initially his hands slid gently over my skin, the soft massage then turned into a kneading; he gripped deeply into my intestines as if he was searching for something.... For a moment he kept on feeling and then, suddenly, pushed one finger strongly into a specific point on my belly. What happened next remains unforgettable to me. I felt a kind of electric shock that went from the point he had touched through my abdomen right into my legs. For a moment I thought my big toe was glowing, but the pain passed, and comforting warmth remained in the lower extremities. He watched me for a while, and then told me to get up and go home. He asked me to return two days later, and in the meanwhile to continue drinking my tea. On my way home, I already felt the trembling in my hands disappearing. A few hours later, my bowel movements and digestion started working again.³³

After this experience in 1936, Korvin-Krasinski ended his career as a musician and became Włodzimierz's disciple. Later he entered the order of the Benedictines and settled down in Maria Laach, a monastery in Germany where he became known as Brother Cyrill. Throughout his life he kept working on Tibetan medicine, and he wrote several books; one of them — *Die tibetische Medizinphilosophie* — was published in 1953 in Zürich.

Although Włodzimierz Badmajeff had only lived in Buryatia for the first few years of his life, he still identified closely with being a Buryat. He was, for example, very fond of *kumis*, the traditional Mongolian fermented horse milk, and he used it as a remedy. According to his son Peter, he was also a talented horseman who taught his horse a special gait

known as the Mongolian pace. Włodzimierz liked to tell the story of the circumstances of his birth. His elder sister had died as a child, and the lama who was called to do the death rites marked a forearm on the girl's dead body, saying that a boy would be born with the birthmark at the same place. And indeed Włodzimierz had such a birthmark.

Włodzimierz wrote that his uncle and teacher Pyotr Badmayev had learned Tibetan medicine with his brother (Sultim) in Tibet, although neither Sultim nor Pyotr had ever visited Tibet. He also stated that Pyotr died in 1923 at the age of 112, but this does not agree with Russian sources.³⁴ Accounts based on Włodzimierz's tale of the family's history reiterate these statements, but their source remains unclear.³⁵ Like his brother, Nikolay, and his uncles, Sultim and Pyotr, Włodzimierz was a border dweller and had lived in many worlds. He spent his childhood at Aginsky Datsan (FIG. 12.8) before moving to Saint Petersburg and living among members of Russian high society. Then he migrated to the Catholic Polish Republic and at times even treated rich Americans in Paris.

Włodzimierz tried to bring these worlds together and explain them in a coherent way, and for this purpose he published a journal, which was at first called the *Tibetan Healer* and later renamed *Synthetic Medicine*. Włodzimierz's aim was to work toward a synthesis of Tibetan and European medicines. In 1929 he published a book called *Chi, Shara, Badahan* — the Mongolian words for *lung*, *tripa*, and *bekan*, the three humors or *nyepa* in Tibetan medicine.³⁶ The book provides an insight into Włodzimierz's way of thinking and his efforts to blend Tibetan and Western philosophies and medicines. He used biomedical concepts and confidently incorporated them into Tibetan medical theory as if it had been so forever. He writes, for example: "The blood contains in its composition life energy [*Lebensenergie*] for all three physiological factors. In particular, the white blood cells deliver "chi" [wind] to the tissues and cells, the red cells "shara" [bile], and the blood serum "badgan" [phlegm]."³⁷

Clearly, his book was inspired by the life-reform movements (*Lebensreformbewegung*) of his day, such as anthroposophy, nudism, and the German Wandervogel-Bewegung, which were all movements that mushroomed in the early twentieth century against the alienating effects of industrial modernity. Włodzimierz related Tibetan medicine to these emerging alternative discourses: "The human being should free himself from the slavery of civilization.... Civilization should be adjusted to the needs and laws of nature and human culture. We are able to notice the needs of nature whenever we observe ourselves and the natural world. Regarding the needs of culture, it is to be said that culture is

12.8 Aga monastery,
2003



only true if it is rooted in us, in an auto-analysis. Only such culture does not lose its link to nature and goes the way nature has shown.”³⁸

According to Włodzimierz, the individual is responsible for observing nature and developing a true (better, healthier) culture. All a human being needs is strong willpower and tight discipline — two notions that sound more Prussian than Tibetan. Pyotr had propagated Tibetan medicine as scientific and, at times, gave it a touch of mysticism, but Włodzimierz positioned it as an alternative to scientific biomedicine, as a holistic path toward a better life.

In 1939 the German occupation of Poland began, and the short life of the Polish Republic came to an end. When President Mościcki and his entourage fled to Romania, they sent a car for Włodzimierz. According to his son Peter, he initially agreed to follow the government into exile but then revised his decision at the border and returned to Warsaw, where he and his family survived the war. Włodzimierz was arrested once and taken to the infamous Gestapo headquarters in Warsaw. Men were separated from women, and none of the men survived the day. However, a German officer pushed Włodzimierz to the women’s side, and he was released the same evening. After the Warsaw uprising, Peter was also arrested and spent the last year of World War II as a prisoner of war in Germany.³⁹

After the war, it became increasingly difficult to practice Tibetan medicine in Poland. All of the herbal drugs had to be re-registered under the new Communist regime; Włodzimierz was able to re-register most of his formulas, and although he did not indicate all the ingredients he used, the authorities do not seem to have been too strict in this respect. Furthermore, the new Polish authorities ruled out the use of Mongolian drug names.

During the late 1940s, Włodzimierz was running two clinics, one in Warsaw and one in Krakow. In the 1950s he was taken ill with Parkinson’s disease, and Peter helped him in the practice, especially with the dry surgery.

Włodzimierz Badmajeff died in 1961, and by then the practice of Tibetan medicine in Poland had become virtually impossible. During the previous decade, a struggle against all sorts of private enterprises had begun, and as a consequence the Polish authorities had completely banned any private distribution of herbal medications, including Włodzimierz’s re-registered Tibetan medical drugs, which were produced in a facility outside Warsaw that was shut down. With Włodzimierz’s death, Tibetan medicine vanished in Poland. Peter, who had helped his father during his last years, was a trained surgeon and did not consider himself a Tibetan physician. No one else was there to carry on the family tradition.

In the meantime, a Swiss businessman named Karl Lutz had read Korvin-Krasinski’s book *Die tibetische Medizinphilosophie* with great interest. Lutz was the director of the local branch of Schering, a German pharmaceutical company. He had always been interested in alternative worldviews, and he found Tibetan medicine intriguing. When Korvin-Krasinski held a public lecture at the University of Zurich, Karl Lutz met him and learned that there was more to Tibetan medicine than philosophy, namely a living practice that was not only in Tibet proper but was actually in Warsaw. Lutz decided to get in touch with the Badmayevs,⁴⁰ and he went to Warsaw. Peter saw this contact with Lutz as an opportunity to continue the business of Tibetan medicine in the West, so he went to Zurich and helped Lutz establish Padma, Inc., a company that continues to produce Tibetan pharmaceuticals in Switzerland today; their main products are based on the recipes Peter brought from Warsaw. After a few years, the Swiss government refused to extend Peter’s residence permit, so he emigrated to the United States, and Padma proceeded without the Badmayev family’s involvement. Padma remains the only company to have successfully registered Tibetan medicines as pharmaceuticals in the West (see chapter 3).⁴¹

* * *

The biographies of the Sultim, Pyotr, Nikolay, and Vladimir (Włodzimierz) Badjayev have several common traits. In all four cases, the protagonists managed to secure support by having powerful contacts, friends, and patients in high places who enabled them to practice. However, the fate of Tibetan medicine also remained closely linked to the destiny of these influential patient-friends, so their downfall and grave



12.9 Members of the Badmayev Family today, 2003

consequences. When these supporters were swept away by revolution, by political struggles, or by foreign occupation, the opportunities in which Tibetan medicine had managed to thrive suddenly disappeared. Not in Tsarist Russia, nor in the Soviet Union or Poland, did the Badmayevs manage to prepare the ground for a formal recognition of Tibetan medicine.

In other words, Tibetan medicine drew its legitimization from what Max Weber called charismatic authority — the individual quality of a person endowed with supernatural, superhuman, or at least exceptional powers.⁴¹ From this angle, stories like Pyotr’s 112 years and Vladimir’s incarnation mark can also be read as strategies of legitimization. However, Sowa Rigpa remained in a fragile position — no matter how famous its doctors or patients were.

Another common strand is how the fate of Tibetan medicine was closely linked to its ability to relate to dominant non-medical narratives. During Pyotr’s time, the “promise” of the East — from Theosophy to hard-and-fast Great Game politics — provided such a framework: if the future, be it political or spiritual, lay in the East, an Eastern medicine has much appeal. For all that Pyotr was skeptical about mysticism and tried to present Tibetan medicine as a modern, scientific endeavor, his enterprise was dependent on a climate in which mysticism held some sway. Once the East had become a

source of danger more than of promise, Tibetan medicine in Tsarist Russia began to face difficult times.

Vladimir allied Tibetan medicine with the growing skepticism about industrial modernity in Europe, and in doing so, he anticipated much of the way in which Tibetan medicine is perceived today, at least in the West, and to some extent in Asia: as an antidote against alienation caused by (Western) modernity. Tibetan medicine, with its focus on individual constitution and a slow but lasting healing process, is well suited for this purpose. In addition, the idea of balance resonates with ecological concerns. This worldview, however, conflicted sharply with socialist modernism after World War II.

Nikolay embarked on a different strategy than Vladimir had used by trying to position Tibetan medicine as compatible and beneficial to scientific medicine. Under the rubric of science, many things were possible in the Soviet Union. As much as science was regulated and controlled, the government also provided a space for research that hardly would have received funding in the West. However, Stalin’s purges eventually rendered all attempts to renew, secularize, and streamline Tibetan medicine futile. Only in the 1960 did Tibetan medicine resurface in the laboratories and Soviet academia.

It is striking how far the Badmayevs (FIG. 12.9) went in adapting Tibetan medicine to the styles, fashions, and requirements of their times. It is no surprise that many Tibetan doctors are skeptical of such far-reaching adaptations and do not consider the Badmayevs to be real Tibetan doctors — especially since Pyotr, Nikolay, and Vladimir tended to play down the role of Buddhism and to deny its importance for the contemporary practice of Sowa Rigpa. From a different perspective, however, the Badmayevs’ efforts to reshape Tibetan medicine to local needs is a continuation of the cosmopolitan character of Tibetan medical knowledge: it is precisely the highly structured and abstract character of Sowa Rigpa that enables and encourages Tibetan medical practice to adapt to a variety of different places and circumstances. In this sense, the cosmopolitan and the local belong together. They condition each other and form the basis for Tibetan medicine’s past and future journeys.

Pillars of Tibetan Medicine: The Chagpori and the Mentsikhang Institutes in Lhasa

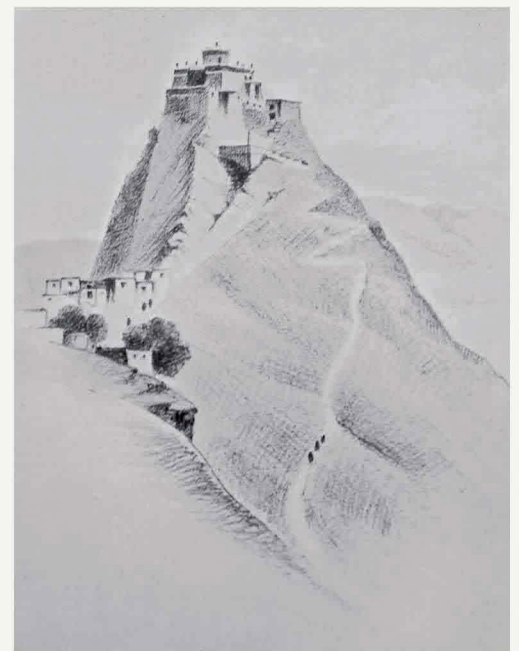
Theresia Hofer and Knud Larsen

This essay discusses two of Lhasa's most important historic Tibetan medical institutions. One is the Chagpori Medical College, which stood atop the "Iron Hill" opposite Potala Palace from the late seventeenth century until its destruction by the People's Liberation Army in March 1959 (FIG. V3.1). The other is the Mentsikhang (literally, Institute for Medicine and Astrology), which was established in the early twentieth century and is still active and expanding to this day. The Mentsikhang's original Tibetan-style building is preserved very near Lhasa's central Jhokhang Temple and the surrounding Bharkhor area, although the four major institutions that have evolved from it since the 1980s and that carry out most Tibetan medical teaching and practice and production of medicine in Lhasa are housed in large modern buildings scattered across the city.

After a brief summary of the historical origins and the political, medical, and artistic contexts of the establishment of the two original Lhasa institutions, we will describe and reconstruct their architectural layout and design in order to fill an important gap in existing works on secular and Buddhist Tibetan architecture in Lhasa.¹ Throughout we reflect how architecture and the visual art, such as that expressed in medical paintings, murals, and statues and a part of the Tibetan "arts and crafts," interacted and intersected with medical practice and teaching, and with Buddhism. The actual medical and to some extent Buddhist activities of the two Lhasa facilities are touched upon here only briefly, as several accounts on the historical and contemporary context have been provided elsewhere.²

Since there are many Tibetan medical facilities throughout the Tibetan Plateau, in Mongolia, and in Indian exile — both monastic and secular — readers might ask why we have chosen to focus on these two Lhasa-based institutions and their medical, artistic, and architectural legacy? Lhasa in the late seventeenth and early twentieth century was not only the political and, to some extent, religious capital of Tibet; it was also a major center for medical learning. The two institutions we will discuss were central to innovations and new developments and artistic engagement with medicine, activities that were all supported and overseen by the most powerful leaders of their time, namely the Dalai Lamas and their regents (see also chapter 10). Physicians and students working there were intimately linked to and ultimately served the political and Buddhist elites of the time who had come to power with support of the Mongols in the mid-seventeenth century. Boasting both growing medical expertise and support from the Tibetan government, these institutions were in demand as medical schools. With the growing expansion of Tibetan Buddhism and Sowa Rigpa, especially into Mongolia, the Lhasa institutions became templates for the medical facilities that were subsequently established elsewhere. Throughout the region, Gelugpa monasteries began to serve more formally as important medical centers. They complemented, and at times intersected with, the transmission and practice of Tibetan medicine in family and other medical lineages, as well as in training institutions of other Buddhist orders.

Many of the medical colleges known as Menpa Drazangs in Mongolia were part of the Gelugpa monasteries and were founded beginning in the early eighteenth century after the establishment of Chagpori Medical College. Some even taught according to the Chagpori curriculum. Chagpori-trained physicians were often sent to Mongolia to help with the establishment of medical colleges and to teach. The same was true for the Kumbum and Labrang monasteries in northeastern Tibet; the latter is discussed in vignette 2 in the context of its medical murals. In short, the model of the monastic medical college at Chagpori left a legacy that reached far beyond Lhasa.



V3.1 Chagpori Medical College in Lhasa in 1904. Drawing by L. Austine Waddell

A later example of an attempt to mirror one of the Lhasa institutes is the Men-Tsee-Khang,³ which was established in 1961 in Dharamsala in northern India. Following the flight of the Dalai Lama in 1959 and as a result of socio-political upheavals in the region, thousands of Tibetans left Tibet and crossed the border into Nepal and India. Once the seat of the exile government was established in Dharamsala, the then tiny medical institute's primary goal was to provide essential and affordable medical services for the growing exile community that had begun to settle in this town in the foothills of the Indian Himalayas. The institute soon developed from a clinic in one small building into a large facility that featured teaching, clinical and pharmaceutical departments, and it also became the node of a network of more than forty branch clinics throughout India. Today the Tibetan government in exile and many of the staff of the Men-Tsee-Khang see this institution as an important means of preserving aspects of Tibetan culture in exile.⁴

CHAGPORI MEDICAL COLLEGE: “TANADUG ISLAND OF KNOWLEDGE — BERYL BENEFIT TO SENTIENT BEINGS”

During his lifetime, the Fifth Dalai Lama, Ngawang Lobzang Gyatso (see FIGS. 10.2 and 10.3), was known to have made donations to several small medical training facilities outside Lhasa and in central Tibet, as well as for having invited many medical scholars to teach and work at his court in Lhasa.⁵ It was not until the period after his death and the rule of his brilliant regent, Sangye Gyatso (FIG. 10.1), that a dedicated medical college was established in Lhasa.

The story goes that Sangye Gyatso, in the third month of the fire-monkey year of the twelfth Tibetan calendar cycle (i.e. 1696), went on a pilgrimage to Lhasa's “Iron Hill” (Chagpori), which already featured several important Buddhist caves and shrines. One of the structures located at the top was the Drubthog Lhakhang temple (Grub thob Lha khang), built in 1430 by Tibet's prolific master engineer and yogi Thangton Gyalpo. During this pilgrimage, Sangye Gyatso had a vision that this site

resembled the mythical city of Tanadug, whose center features the palace where the Medicine Buddha resided while teaching the *Gyushi*, or *Four Tantras* (see FIG. 1.1). Sangye Gyatso sought confirmation from one of his court physicians, an expert in pharmacology, that the site also featured rare medicinal materials that had cooling and warming properties.⁶

Sangye Gyatso decided to integrate the structure and contents of the existing Drubthog Lhakhang into a new building dedicated to medicine and to medical-spiritual practice. The previous history of the site lent great religious authority to the new institution, which continued to function as a temple while medicine was being taught and practiced there. It is likely that the design of the college building itself retained some characteristics of this earlier temple, especially its predominant external feature, a cylindrical tower that protruded high over the flat roofs of surrounding structures. It is this central tower, or at least its lower part, that is likely to have been at least a part of the original structure of Thangtong Gyalpo's temple.⁷

The full name of the college, Tanadug Island of Knowledge — Beryl Benefit to Sentient Beings (Bai durya 'gro phan lta na ngo mtshar rig byed gling)⁸ is an indication of Sangye Gyatso's vision of the medical city of Tanadug in this location on Chagpori Hill (see chapter 1). The name incorporates Tibetan Buddhism's wider bodhisattva aspirations to benefit all sentient beings and Sangye Gyatso's own symbolic connection with the precious beryl stone, which he had already used in titles for several of his writings. Court physicians of the Dalai Lama and Sangye Gyatso were asked to provide academic medical training to Gelugpa monks who had been invited by the government to come from monasteries throughout Tibet. The recently completed set of seventy-nine medical paintings was also preserved at the college (see chapter 10). Many life-size Buddhist statues, *thangkas*, and murals were kept in the round multistory central building and in the assembly hall at the ground-floor level. Some of them had been acquired many centuries earlier; some were added when the institution was founded; the most recent additions dated to 1954 (see FIG. V3.2).⁹ Many of



V3.2 Buddhist Statues Inside of Chagpori. Chagpori; ca. 1950s. Courtesy of Robert Gerl



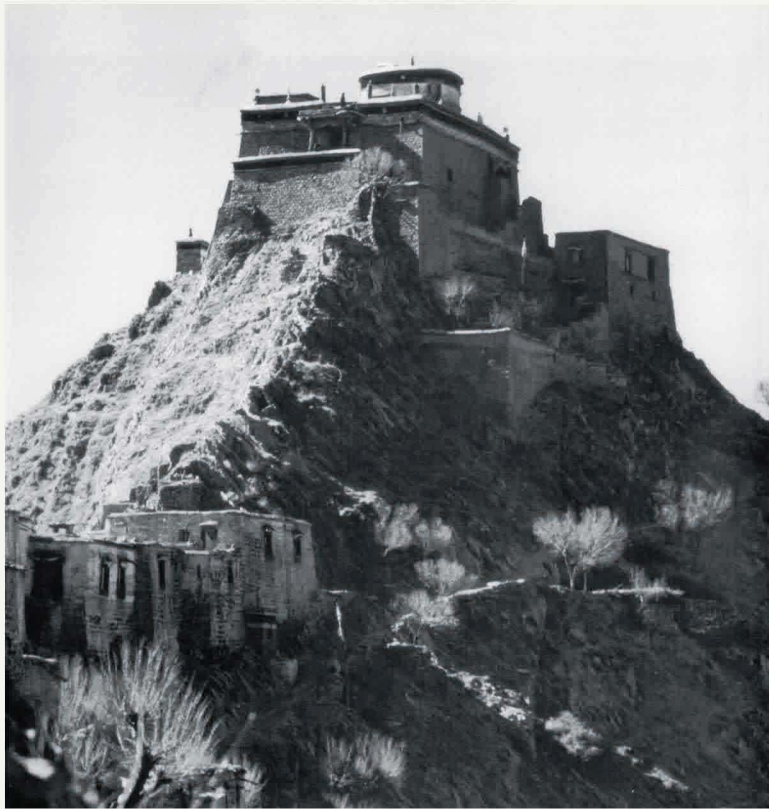
V3.3 Young Buddhist monks at Chagpori making medical pills, ca. 1938/1939. Courtesy of Bundesarchiv, Bild, Deutschland. 135-S-16-05-14

these objects, which are associated with ritual worship, squarely placed the medical tradition within the Buddhist realm, paying tribute to the scholars and lineage holders associated with both medicine and Buddhism.¹⁰ The facility featured a library where Buddhist, medical, and astrological works were kept, not least those by Sangye Gyatso. There was also a printing press attached to the college, where important medical texts were produced and some of their xylographs kept.

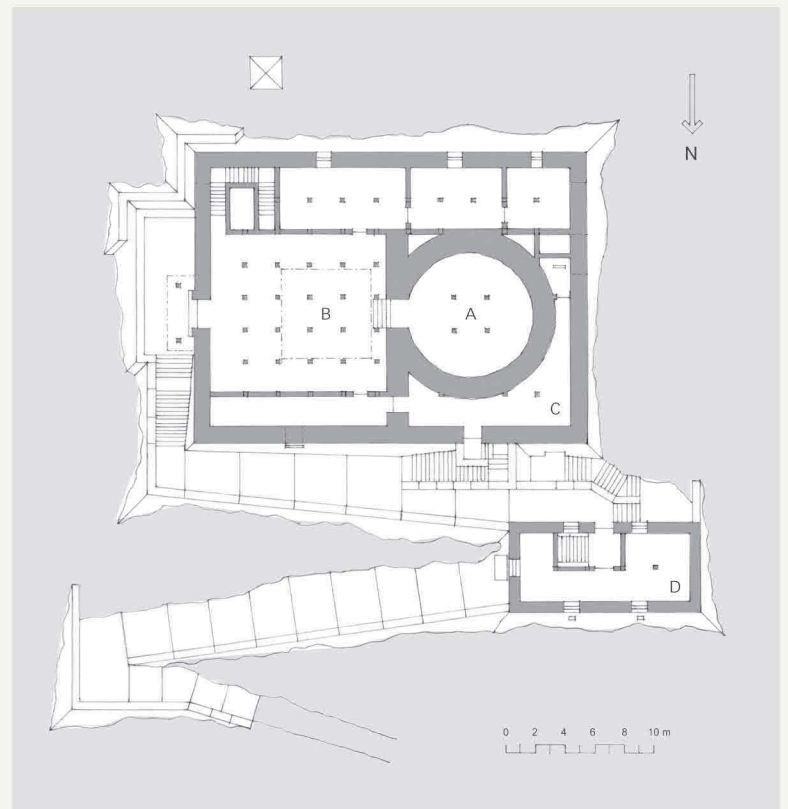
Sangye Gyatso's decision to locate the medical college at the top of Chagpori Hill, directly opposite Potala Palace, the seat of the Dalai Lamas (FIG. V3.4),¹¹ is clear evidence of the literal and figurative elevation that the medical sciences experienced under the rule of the recently centralized Ganden Phodrang government, shortly after it succeeded in unifying disparate Tibetan principalities. Together with Sangye Gyatso's writings and the medical paintings, which are featured throughout this volume, the establishment of Chagpori was part of a larger effort aimed at newly defining the



V3.4 Lhasa with the Potala at the Center. Chagpori College is seen opposite Potala, to the left and on top of Chagpori hill. Mongolia; 18th–19th century. Mineral pigments on cloth; 87.3 × 62.2 cm. Rubin Museum of Art. C2009.4 (HAR 65848)



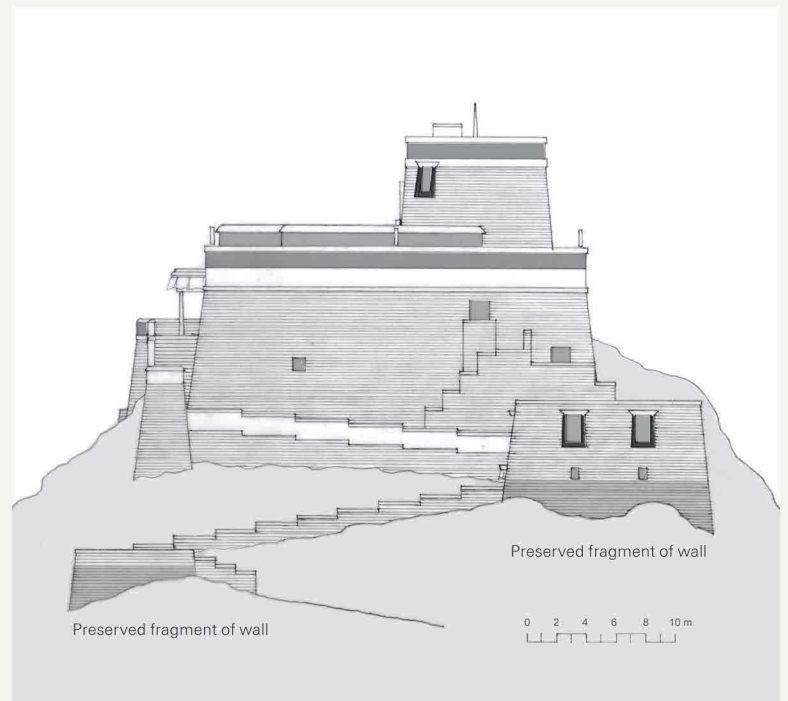
V3.5 Chagpori Medical College in 1956



V3.7 Ground plan of Chagpori, preliminary reconstruction. ©Knud Larsen, 2013.
A: Original core, B: 17th-century prayer hall, C: Printing press, D: Kitchen



V3.6 The Ruins of Chagpori Medical College in 1982. Courtesy of Heinrich Harrer Museum



V3.8 North facade of Chagpori, preliminary reconstruction. ©Knud Larsen, 2013

medical sciences, with a view to establishing and maintaining the hegemony and political power of the Gelugpa order and the Ganden Phodrang government.

Architecture of the Chagpori College

In order to envision the exterior design of the Chagpori Medical College building, we must rely on photographs, drawings, and descriptions of its appearance before it was destroyed in March 1959. In the present study, we have analyzed photographs taken by a number of Europeans and Tibetans, including Charles Bell, Spencer Chapman, Heinrich Harrer, Rabden Lepcha, Evan Nepean, Hugh Richardson, Ernst Schäfer, Josef Vaniš, and Dasang Damdul Tsarong. Added to these are photographs taken by Heinrich Harrer (FIG. V3.6) in 1982, when some of the ruins of Chagpori were still at the site. At some point between 1982 and 1987, these remaining ruins were removed and replaced by a steel radio mast, which was erected on a concrete platform and remains there to this day. Only small pieces of two corners of the foundations for outlying buildings seem to have survived. As the site has been fenced off and entry to the entire hill is forbidden, it has not been possible to carry out a direct survey of the site. There are, unfortunately, only a few notes and one photographic record of the interior, but these tell us little about the architectural structure as their focus was the Buddhist statues there.¹²

As noted above, the main feature of the building was a cylindrical tower that rose over the surrounding structure, which itself was flanked by a kitchen and a gatehouse, with several smaller buildings and residences for the monks nearby. Thubten Tsering, previously a doctor at Chagpori, described the tower as “looking like a bag of tsampa,”¹³ perhaps because its sloping outer wall makes the tower wider at the ground and narrower toward the top. As with all other stone walls in Tibetan buildings, the outer face slopes inward about seven degrees while the interior face is vertical as a natural result of building without mortar.

The tower itself had three interior floors: the lowest floor was a few steps up from the

assembly hall; the middle floor would have been reached from the gallery in the assembly hall; and the top floor was probably accessed from the roof of the assembly hall. The asymmetrically placed window on the upper floor seems to have pointed toward Potala Palace.

Although it is fairly easy to judge the height of the tower from the number of standard floors, it is difficult to deduce the horizontal dimensions. Some photographs indicate that the main structure surrounding the lower part of the tower was square, but others make it look rectangular. A key to this question was provided by Tenzin Palchok, a doctor and teacher who worked at Chagpori before the destruction, who noted that the main assembly hall had twenty pillars.¹⁴ This would indicate an arrangement of four by five pillars and a rectangular dimension of about 11 by 14 meters. With the hall touching the tower and with rows of smaller rooms flanking the hall as described in a sketch for which the doctor provided information,¹⁵ we get an impression of the entire plan, which suggests that the axis through the center of the tower and the main entrance was symmetrical. However, a photograph by the cinematographer Josef Vaniš, who visited Lhasa in 1956, clearly shows that the main entrance was not situated in the center of the eastern wall but was about 1.5 meters off center toward the north (FIG. V3.5). Thus the central axis would likewise be toward the north, making the secondary row of rooms to the south wider than the row at the north. That framework suggests the size and distribution of spaces as seen in the preliminary ground plan (FIG. V3.7).

Under the main floor there would have been a basement, which was partly occupied by the top of the original rock of the hill. The basement was accessed by two doors and lighted by a small window. This area most likely provided a storage space for collected herbs and, as Thubten Tsering points out, for precious medical substances.¹⁶ The small separate building to the north of the main building housed the kitchen and functioned as a gate to the monastery, with interior stairs that all visitors had to climb (see FIG. V3.8).

It is not entirely clear who these visitors were and their reasons for visiting, since the

social history of Tibetan medicine as a field of study is still in its infancy. We should certainly not assume that Chagpori Medical College in the late nineteenth or early twentieth century, or even earlier, functioned as a modern medical clinic for treating patients. It would also be an overstatement to call the foundation of Chagpori the beginning of public health care in Tibet.¹⁷ Chagpori seems to have been, above all, a medical training institution and a medical monastery (FIG. V3.3), for physicians and students to provide care and medications to fellow Gelugpa Buddhist monks and high government personnel, as well as visiting members of Lhasa nobility. Members of the general public probably did not even perceive Chagpori as a place to receive medical care. As a monastery however, Chagpori attracted visitors and the hill on which it was built was an important part of Lhasa’s sacred geography and a prominent site for worship and pilgrimage.

THE MENTSIKHANG

The Mentsikhang was founded in 1916, only a few years after the Thirteenth Dalai Lama, Thubten Gyatso, declared Tibet an independent state in 1913 and members of his government



V3.9 Thirteenth Dalai Lama with medical scholars and his personal physician Jampa Thubwang (Commissioned by Khyenrab Norbu). Plate 80 of the Tibetan medical paintings (Lhasa set). Lhasa, central Tibet; early 20th century. Pigment on cloth; 86 × 68 cm. Mentsikhang Collection

initiated several reforms to modernize Tibet and build a modern nation state.

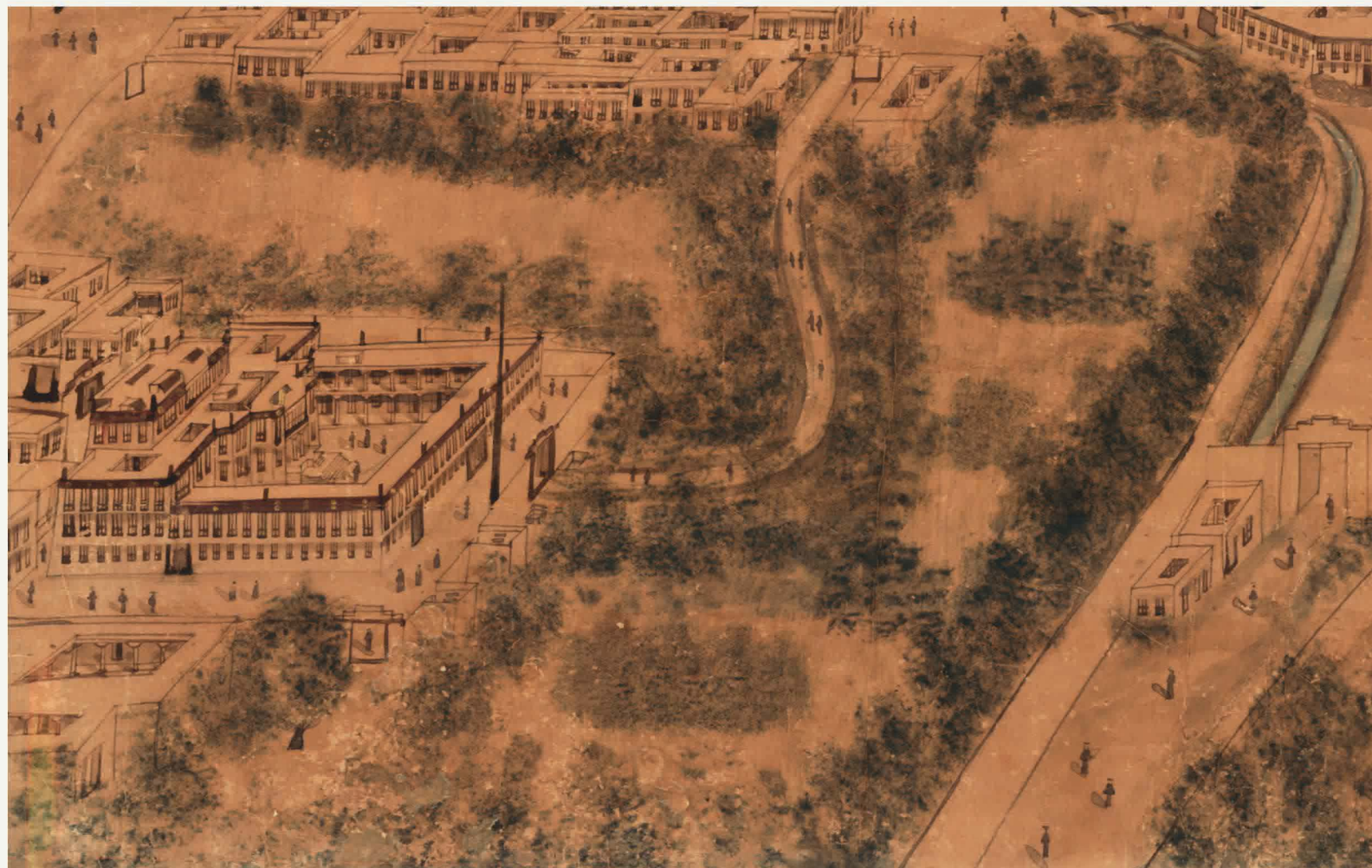
In line with these reforms and in contrast to the concept of Chagpori as a monastic medical college, the mission of the Mentsikhang was to teach students from diverse social groups rather than only Gelugpa monks. Apart from the ordained community, students should also come from the Tibetan army and lay medical and Tantric lineages, so that they would eventually apply their knowledge outside the Gelugpa monasteries and potentially in the service of the state and the wider society. The first director of the institute was Jampa Thubwang, who was at the time the senior personal physician to the Thirteenth Dalai Lama and the highest-ranking monk official (*Chigyab Khenpo*), in the Tibetan government. His brilliant student, a monk

from humble origins named Khyenrab Norbu (Mkhyen rab nor bu, 1883–1962), soon became his successor and subsequently headed both the Mentsikhang and Chagpori and intermittently held the post of personal physician to the Dalai Lama. He appears at the bottom-right corner of a *thangka* depicting the Thirteenth Dalai Lama, which was added to the Lhasa set of seventy-nine medical paintings (FIG. V3.9).

Khyenrab Norbu played a leading role in the further development of Sowa Rigpa in Lhasa during the first half of the twentieth century and, among many other achievements, he built the foundation for the lasting legacy of the Mentsikhang. He reformed the medical curriculum by reducing the overall period for study, and he wrote and introduced his students to shorter medical treatises that offered concise

summaries of many of the most important topics of medicine.¹⁸ To this day, some of these texts are among the most widely used modern works on Tibetan medicine, such as his pharmacological books *Excellent Vase of Elixirs* and *Measurements of the Human Body*.¹⁹

Although the Mentsikhang was primarily intended as a medical college, its doctors and students were known to treat many patients. It even became the center for a campaign to support maternal and child health throughout the region, including the encouragement of parents to order astrologically calculated birth horoscopes, which were carried out at the institute. The Mentsikhang also arranged for the distribution of medical texts, such as Khyenrab Norbu's *Mirror of the Moon* and his teacher's *Jewel of the Heart*, to administrators



V3.10 Perspective Map of Lhasa from 1912 showing Tengyeling Monastery. After its partial destruction, the Mentsikhang was built to its south in 1916. Private Collection of Knud Larsen, Oslo



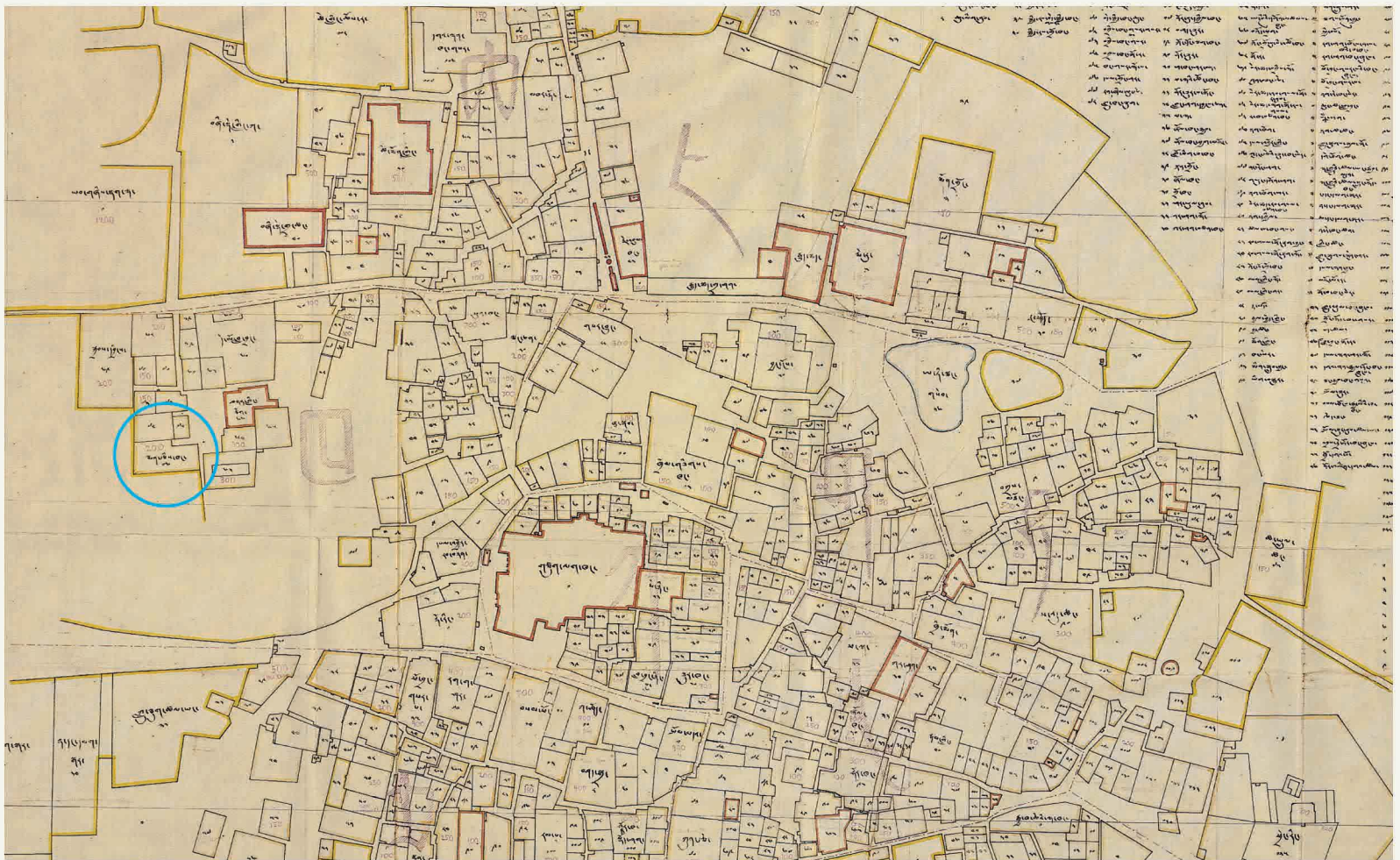
V3.11 Lhasa Map supposedly from 1936, but showing Tengyeling Monastery (destroyed 1912) intact (left, front). Private Collection, London. Photograph courtesy of Nikolas, John, and Dekyi Rhodes

of all ninety-six districts under the jurisdiction of the Lhasa government.²⁰ The historian Stacey van Vleet has rightly argued that the building of the Mentsikhang and this particular childcare campaign should be counted as important reforms instigated by and carried out under the rule of the Thirteenth Dalai Lama.²¹ It is also worth noting that the Tibetan government chose to support the establishment of an indigenous Tibetan medical hospital, rather than of a biomedical hospital, an idea keenly supported by the British, who had gained a political

foothold in central Tibet and who between 1904 and 1936 established three Western medical clinics in central Tibet (the one in Lhasa opening in 1936).

The partial destruction of the Tengyeling (Bstan rgyas gling) Monastery in central Lhasa by the Tibetan government in 1912 for political reasons and the monastery's subsequent loss of lands²² meant that the property reverted to the government. After rejecting the establishment of a school using English as the language of instruction, the Dalai Lama approved the

suggestion to build an Institute of Medicine and Astrology.²³ The Mentsikhang was built just south of a building that had once stood next to the Tengyeling Monastery and that can be seen on a perspective map from the east-west orientation (FIG. V3.10). Other early twentieth-century perspective drawings of Lhasa also show the intact Tengyeling Monastery next to its park-like grounds although one is dated to 1936, i.e., after the monastery's destruction (FIG. V3.11).²⁴ These drawings, when compared to other plans (FIG. V3.12) and an onsite survey



V3.12 Map of Lhasa, 1947–48. Drawing by Peter Aufschnaiter © Ethnographic Museum of the University of Zürich. Photograph courtesy of Knud Larsen. Peter Aufschnaiter’s first ever made geographical map of Lhasa from the 1940s shows the Mentsikhang in the *kha* section of the plan. It is listed as item 76 in the Tibetan index, captioned with “Government Mentsikhang” (Gshung sman rtsis khang)

carried out in 2007 and 2012, help us to confirm the site for the Mentsikhang before it was built and its modern-day location in relation to the remains of Tengyeling (FIG. V3.13).

Architecture and Design

The original Mentsikhang building is a long, narrow, and symmetrical two-story building (FIG. V3.14), extending about 10 by 54 meters, with a long façade facing a courtyard on the south side. The building is divided into three parts, with the middle part protruding 5 meters into the courtyard. On either side of the middle section are two entrances giving access to the central spaces on the ground floor and to the entire first floor. The rooms on the ground-floor level and at both ends of the building are

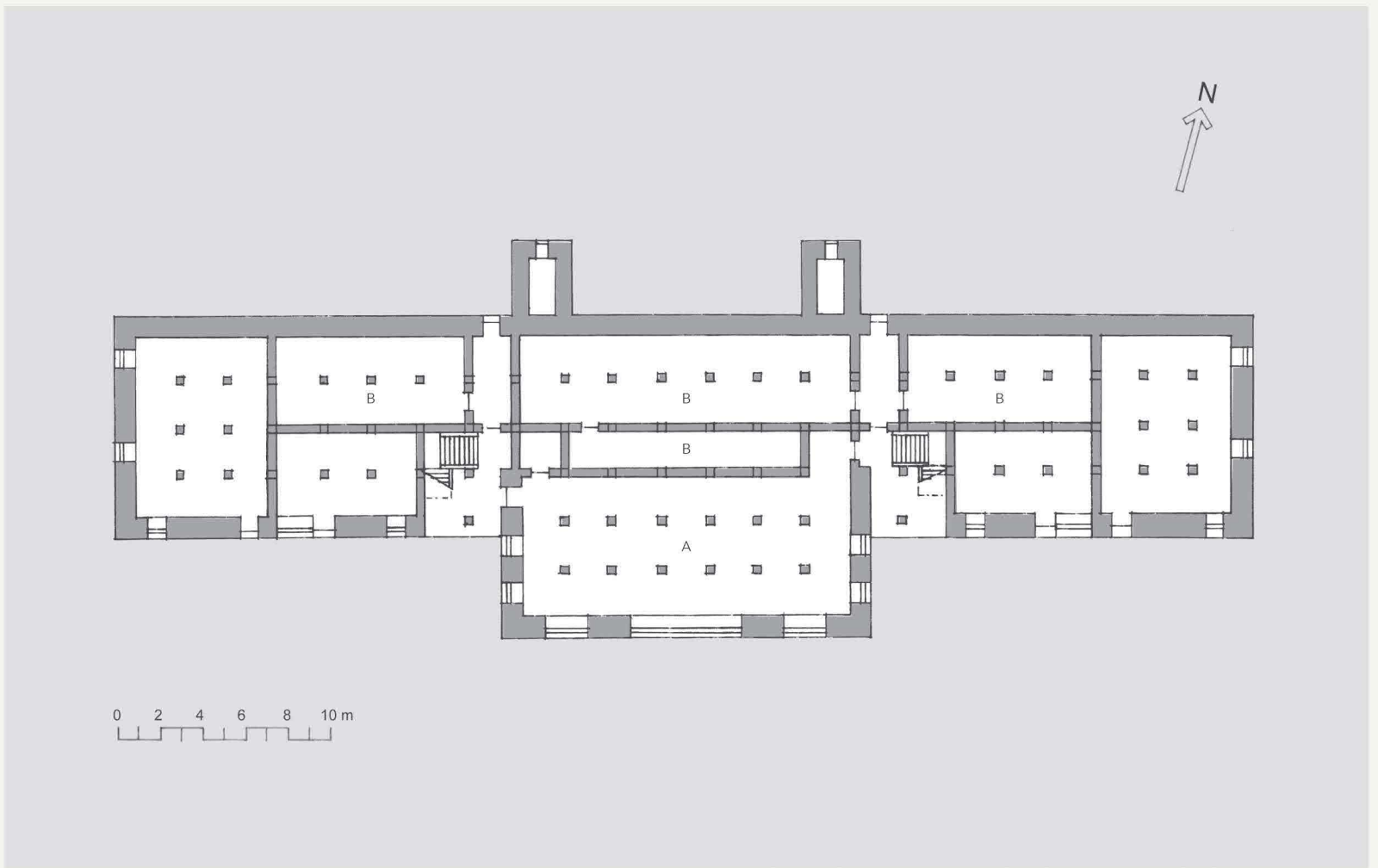
reached directly from the courtyard, which is flanked on all three sides by buildings used as residences, storage facilities, and, in the past, stables.

The walls of the building are constructed of granite, which is an indication of its importance, as more modest buildings in Lhasa have walls of clay bricks or ground-floor walls of stone with upper-floor walls made of clay. A reddish-brown frieze appears at the top of the Mentsikhang walls, as in all religious buildings to signify wealth and power (FIG. V3.15). Here the frieze is simply painted stone and not made up of small tamarisk branches painted on the outside as was the custom with friezes on religious buildings that were considered more important. The roof of the Mentsikhang is flat and features a

small skylight at the center. The stairs also give access to the roof, which was probably used for drying herbs.

The main room on the ground floor is a twelve-pillar teaching and assembly hall, for which Khyenrab Norbu initially commissioned several medical tree murals.²⁵ These were later covered, and in 2006 they were painted over with garish colors.²⁶ In the past, the other central rooms on the ground floor were used for storing herbs and medical materials, as well as for production of medicines, and probably held a library. In line with most other traditional houses in Lhasa, the Mentsikhang has no basement.

On the first floor, directly above the narrow storeroom on the ground floor, a skylit corridor



V3.14 Ground Plan of Mentsikhang, Lhasa. Original state. ©Knud Larsen and Tsewang Tashi. A: Teaching Hall, B: Storage



V3.15 The old building of the Lhasa Mentsikhang today



V3.16 The Mentsikhang during the 1950s and 60s. Photograph shown in an exhibition at the Lhasa Mentsikhang, 2006

In 1961 the Mentsikhang was officially incorporated into the Communist health-care infrastructure of Lhasa City and various reforms were implemented in subsequent years, such as introducing new departments, adding a public clinic, donning white robes, and increasing medical production to meet the demand of a modern public outpatient clinic (FIG. V3.16). In part because the college had to adapt to the new circumstances by “bio-medicalizing” its appearance and demonstrating socialist potential, it stayed open even during the Cultural Revolution (1966–76), although it was largely defunct with much of its library destroyed; most of its staff absent and unable to work because of political turmoil. Such turmoil is vividly depicted in a recent publication of stirring black-and-white photographs of the Cultural Revolution in Tibet.³¹

The old building of the Mentsikhang is still considered an important building and is visited by Tibetan physicians from throughout Tibet and abroad. Until 2012 a small part of the building served as the residence of the late Jampa Trinle, the famous scholar-physician, long-term director of the institute, and one of the main students of Khyenrab Norbu. A two-story building added in about 2000 on the west side of the courtyard houses a small museum featuring the historical development of medicine in Tibet. The museum seems to attract few visitors from outside of Tibetan medical circles and is not normally open to the public.

The few items that have survived from the vast collections of the Chagpori and Mentsikhang are displayed in the shrine room *cum* library at the heart of the new outpatient department of the Mentsikhang. The notable exception are the surviving original seventeenth-century medical paintings, which are kept in storage. Only recent copies are on display along with new statues of revered luminaries of the Tibetan medical tradition. We also find an ornamental copy of the *Four Tantras*, written in golden ink on blue paper (see FIG. 1.2), which was rescued from Chagpori before it was destroyed. Important holdings in this display room are also the holdings of the Mentsikhang library, a medical collection



V3.17 Shrine Room inside the old building of the Mentsikhang

that to our knowledge is unparalleled in Tibet. Some texts were saved from the ravages of the Red Guards and later reinstalled here, but we also know that this collection is the result of active efforts of Mentsikhang staff members to acquire medical texts that have surfaced since the 1980s all over Tibet, having been hidden, often at great personal risk. Since the 1980s, these texts have been studied in an effort to “recover and research what has been lost during the Cultural Revolution,”³² and in some cases they have also been republished. These works, along with several private collections, have been catalogued,³³ and some of these original texts have been consulted as part of this publication (see chapter 8). The Mentsikhang also stores surviving parts of woodblock prints of Tibetan medical works.

Since the 1980s, the Mentsikhang has been split into several new institutions. Only the inpatient and outpatient departments still remain under the name Mentsikhang. It is linked to several Tibetan medical branch clinics and hospitals in the capitals of the four prefectures of the Tibet Autonomous Region and in some select counties. Teaching has come almost entirely under the administration of the Tibetan

Medical College located elsewhere in the city, where more than three hundred students study for BA, MA, and PhD degrees and graduate from within the Chinese university system. The most recent split from the institute is what is now called TAR Tibetan Medicine Pharmaceutical Factory, which occupies two production sites, one in Lhasa that produces medications for Mentsikhang patients and those of its branches and one outside Lhasa that operates under the stringent Good Manufacturing Practices (GMP) production rules discussed in chapter 3. All of these institutions operate almost entirely independently of each other, although Tibetan medical college students still pursue their clinical training at the Mentsikhang’s in- and outpatient departments, and many of the pharmacology graduates from the Tibetan Medical College are absorbed into the pharmaceutical factory. Under the most recent economic and health reforms, these institutions have been made to operate under a variety of partnerships between government and private business investors, which have in many ways challenged some important traditional ethical foundations for the teaching, practice, and production of Tibetan medicine.

Appendices

Appendix 7.1

Extracts from the *Discourse on the Particularly Extensive Former Aspirations of the Seven Tathāgatas*¹

The elaborate preparations and visualizations of Śāntarakṣita's permission ritual are detailed in the following paragraphs, except those already found in the text in chapter 7.

"At the outset, it is stated that those who wish to undertake this rite should perform ablutions, wear clothes that are fine and clean, and partake of clean food. Their minds should be free from the stains of dissonant mental states and they should have confidence in the enlightened attributes of the precious jewels, and the beneficial advantages of the canonical discourses, having developed faith and respect for them. They should initially meditate on the four immeasurable aspirations — loving kindness, compassion, empathetic joy and equanimity — and then, if they are householders, they should maintain the discipline of the lay vows."

"Commencing at an auspicious time, on the eighth day of the lunar month, for example, in a clean and pleasant environment, they should construct a large mandala adorned with incense, parasols and victory banners, and scatter coloured powders or flowers upon it. Therein they should set up a shrine with images of the medicine buddhas containing relics, whether sculpted, drawn on cotton, or fashioned of clay, and surrounded by the pedestals of the retainers — mundane and supramundane. Whatever offerings they possess should also be arranged, with seven butter lamps placed before each icon, along with seven five-coloured ribbons. Other offerings including incense, flowers, scents, divine cakes, various musical instruments, the seven kinds of precious metal or gemstone, the eight auspicious sacraments, vases and so forth should be prepared."

"The *Discourse of the Medicine Buddhas in Eight Hundred Lines* should then be read aloud as often as possible, along with other profound and extensive sūtras, such as the *Transcendent Perfection of Discriminative Awareness*, after

which the following rite should be recited for seven days, or for twenty-one or forty-nine days:"

VISUALIZATIONS

The practitioner is advised to visualize the celestial palace of the buddhas of medicine, within an appropriately pristine environment:

"Having arranged the offerings, the participants, seated on comfortable mats, should cultivate as far as possible the meditative stability of emptiness. Then, arising from that state, they should meditate on the four immeasurable aspirations for the sake of all sentient beings, and focus on the mind of enlightenment. Visualizing that they are blessed by the *tathāgatas* of the ten directions, and having consecrated the environment, they then visualize by the truth of the three precious jewels, by the blessings of all the buddhas and bodhisattvas, by the might of the fully perfected two provisions, and by the power of the pure and inconceivable expanse of reality, and in accordance with the rite that derives from the *Discourse on the Particularly Extensive Former Aspirations of the Seven Sugatas*, that the mandala assumes the form of a palace, containing the seats of the *tathāgatas* of the ten directions along with their sons, and all the sublime protectors of the sacred doctrine. The offerings which are amassed there partake of the pure buddha fields, fashioned of the distinctive former aspirations of those buddhas and bodhisattvas, and resemble the attributes of the buddhafield of the transcendent lord Amitābha."

"The ground, naturally fashioned of diverse precious metals and gems, should be level like the palm of the hand, extensive, and soft to touch, comfortable, immaculate, and luminous, with the fragrance of *urāgagarbha* sandalwood, bestrewn with various divine flowers, the extremities of its walls capped with a cornice of gemstones, bedecked with powders of gold, silver and pearl, covered with night, white and blue lotuses, resonant with the sweet chirping of diverse birds, adorned with lakes, pools and ponds — the water of

which possesses the eight qualities — and wish-granting trees of precious gems from which divine jewels, pearl strings, and gems are suspended, adorned with flowers and fruits, and golden bells and chimes that resonate with the sound of the sacred doctrine.”

“On this ground, the great celestial palace is arrayed, blazing supremely with seven jewels. Great rays of light are diffused, extensively covering the inestimable world systems, so that the environment is well-distinguished and established to be without limits, its perceptual range transcending the three world systems, originating from the roots of virtue of the spiritual teachers of that supramundane environment.”

“This abode of the *tathāgatas*, defined according to pure and masterful perception, is endowed with hosts of bodhisattvas, frequented by infinite gods, *nāgas*, *yakṣas*, *gandharvas*, antigods, *garuḍas*, *kinṇaras*, serpent-bellied geomantic spirits, humans and non-humans, and it is steadfast owing to the pleasant and delightful savour of the sacred doctrine. Here all sentient beings genuinely attain all their objectives, free from all environmental pollution, dissonant mental states, and demonic influences. This array of the *tathāgatas* surpasses all other arrays, and is emancipated owing to great recollection, intelligence and realization, reached through calm abiding and higher insight, and entered through the three approaches to liberation — emptiness, signlessness and aspirationlessness. As such it is transformed into the great celestial palace, adorned with infinite attributes.”

HOMAGE TO THE EIGHT BUDDHAS OF MEDICINE There then follows the eightfold homage to the eight buddhas of medicine and their retainers, which has been given in full detail in Chapter 7:² Sunāmaparikīrtanaśrī (Fig. 10, chapter 7); Ratnacandrarāja (Fig. 11); Suvarṇabhadravimalaprabhāsa (*gser bzang dri med snang*, Fig. 12); Aśokottoma (*mya ngan med mchog*, Fig. 13); Dharmakīrtisāgaraghoṣa (*chos bsgrags rgya mtsho'i dbyangs*, Fig. 14); Abhijñārāja (*mngon mkhyen rgyal po*, Fig. 15); Bhaiṣajyaguru — the “master of remedies” (*sman gyi bla*, Fig. 16); Śākyaketu (Fig. 17).

The practitioner should then repeat three times:³

“May the particular aspirations and dominions of each of these sublime beings be suitably achieved, and may all that is beautiful emerge! May the entire environment — outer and inner, possess diverse perfections, including divine and human necessities, food, clothing, ornaments and musical instruments, embellished and extensively filled with all the ocean-like offering clouds that are mentioned in the *Sūtra of the Three Heaps* and the *Aspirational Prayer of Good Conduct*!

Once all those sublime *tathāgatas* and bodhisattvas have gathered, may they accordingly confer their blessings and partake of the offerings!”

The following words should also be recited three times:

“May all this indeed come to pass through the truth of the three precious jewels, through the blessings of all the buddhas and bodhisattvas, through the might of the fully perfected two provisions, and through the power of the pure and inconceivable expanse of reality!”

The devotees, resting on one knee, and holding a flower in the hands, clasped in the gesture of homage, should then invite the assemblage of the buddhas of medicine to be present and partake of the offerings, saying. “May the eight buddhas of medicine, along with all the hosts of bodhisattvas, turn their enlightened intention toward us!”

They should also request the assemblage of buddhas, bodhisattvas, protector deities, guardian kings, and *yakṣa* generals to be seated, beginning with the words:

“When the sacred doctrine becomes artificial in the future, during the final five hundred year period [of its existence], may the transcendent lord buddhas, endowed with great compassion, take into their following all sentient beings who are obscured by the diverse obscurations of past actions, oppressed by diverse diseases, crushed and defeated by diverse sorrows and sufferings; and, when invited as a protector and ally to guard the multitude of sentient beings, including [say the name], relying on the manifold skilful means of the *tathāgatas*, the noble and wide-ranging distinctions of their former aspirations, and the inestimable power and blessing which they possess for the sake of benefitting gods and humans, may they come to this palatial mandala where the provisions of offering are amassed, converge on the great seats, and confer consecration!”

A brief prayer of homage and offering is then made to each of the eight buddhas, the three main bodhisattvas, Brahmā, Indra, the four guardian kings, and the twelve *yakṣas*, in succession. The offerings are then presented, including actual materials, sacramental substances, and visualized objects, after which the devotees confess their negativity, rejoice in the merit of others, encourage the buddhas to turn the wheel of the sacred doctrine, and request them not to pass into final nirvāṇa.

INVOCATION OF THE FORMER ASPIRATIONS OF THE BUDDHAS OF MEDICINE All this acts as a precursor to the longest section of the permission ritual, in which a sevenfold elaborate homage, offering and refuge prayer is pledged in the presence of each of the eight buddhas and their retainers

in turn, ensuring that sentient beings who maintain the canonical discourses will be protected, and that diseases are alleviated. The homage to Bhaiṣajyaguru's twelve aspirations has been given in chapter 7.⁴

"Furthermore, when we have passed away from this world, may we take birth miraculously on the lion throne, in the pollen bed of a lotus, in the field of the buddha and *tathāgata* Bhaiṣajyaguru, king of beryl radiance, and immediately after being born therein, may we actualize all the provisions of enlightened attributes, including incantations and meditative stabilities!"

INCANTATION AND CONCLUSION OF THE PERMISSION RITUAL Following this elaborate retelling of the former aspirations of the various buddhas of medicine, the permission ritual summarizes the ways in which sufferings may be eliminated by fervently recalling the names of the buddhas of medicine, and then proceeds to the recitation of Bhaiṣajyaguru's incantation:

OM NAMO BHAGAVATE BHAIṢAJYAGURU
VAIDŪRYAPRABHĀRĀJAYA TATHĀGATĀYA ARHATE
SAMYAKSAMBUDDHĀYA
TADYATHĀ OM BHAIṢAJYE BHAIṢAJYE MAHĀBHAIṢAJYE
RĀJASAMUDGATE SVĀHĀ

This is followed by a request that the assemblage of deities grants their blessings, a concluding prayer for forbearance, and the valediction.

Appendix 7.2

Atiśa's Means for Attainment Entitled *Rite Which Purifies All the Obscurations of Past Actions*¹

Homage to Venerable Tārā!

Once the lotus of intelligence has blossomed through the oral instructions of the spiritual teacher, and the mind is mollified by compassion, one who is steadfast in the mind of enlightenment should perform the preliminary rites, including the mandala offering, and then firmly engage with the mind of enlightenment, which is perfected through compassion and love, accumulating the provision of merit.

OM AKĀROMUKHAṀ SARVADHARMĀNĀM
ĀDYANUTPANNATVĀT²

Recollecting the meaning of these words, one should rest [in the nature of mind] as long as possible; and then,

recollecting one's pledge, without wavering from that state, the nature of mind becomes transformed into the following words, whereby the form [of Bhaiṣajyaguru] becomes manifest:

"His body is blue, with a single face and two arms. He holds myrobalan and an alms bowl of nectar. The two bodhisattvas, golden and white, the sun and moon pair, pay homage!"

Having perfected this pure visualization rite, and compassionately established all others in enlightenment, one should meditate firmly that one recollects the transcendent lord's buddha body of reality. Then, in accordance with the oral instructions of the genuine spiritual teacher, one should recite as much as possible [the following mantra]:

OM BHAIṢAJYE BHAIṢAJYE MAHĀBHAIṢAJYE
SAMUDGATE SVĀHĀ

Then, one should make offerings and offer eulogies to the transcendent lord who is seated in front, reciting once the twelve great aspirations of the venerable transcendent lord.

Thereafter, perceiving the dream [-like nature of reality], one should persevere in virtuous actions.

At the end of the session, *gtor ma* cakes should be offered to the twelve great *yakṣas*, headed by Kīmbhīra. Also at the end of the session, one should recite and read aloud the *Discourse [of the Medicine Buddhas in Eight Hundred Lines]*, which is that of the transcendent lord [Bhaiṣajyaguru and his assemblage]. If the obscurations of past actions are extremely great, the ritual enunciated in this *Discourse* should be completely undertaken.

This completes the *Rite that Purifies All Obscurations of Past Actions*, which was composed by the great master Dīpaṃkaraśrījñāna. It was translated [into Tibetan] by the *paṇḍita* himself and the translator Nagtsho Tsultrim Gyelwa.

Appendix 7.3

Layout of the mandala of the *Discourse of the Medicine Buddhas in Eight Hundred Lines* according to the *Compendium of All the Tantras*

The Ngor Mandala (see p. 272) depicts the eight buddhas of medicine and Prajñāpāramitā (1–9), the sixteen bodhisattvas headed by Mañjuṣa (10–25), the ten protector divinities of space headed by Brahmā and Indra (26–35), the twelve yakṣa generals headed by Kīmbhīra (36–47), and the four guardian kings headed by Dhṛtarāṣṭra (48–51).¹

A The Eight Buddhas of Medicine and Prajñāpāramitā

- 1 Bhaiṣajyaguru (center, blue)
- 2 Sunāmaparikīrtanaśrī (south, golden)
- 3 Ratnacandrārāja (southwest, yellow)
- 4 Suvarṇabhadravimalaprabhāsa (west, reddish gold)
- 5 Āśokottoma (northwest, pale red)
- 6 Dharmakīrtisāgaraghoṣa (north, pink)
- 7 Abhijñārāja (northeast, coral red)
- 8 Śākyaketu (southeast, golden yellow)
- 9 Prajñāpāramitā (east, yellow, holding a book and a rosary)

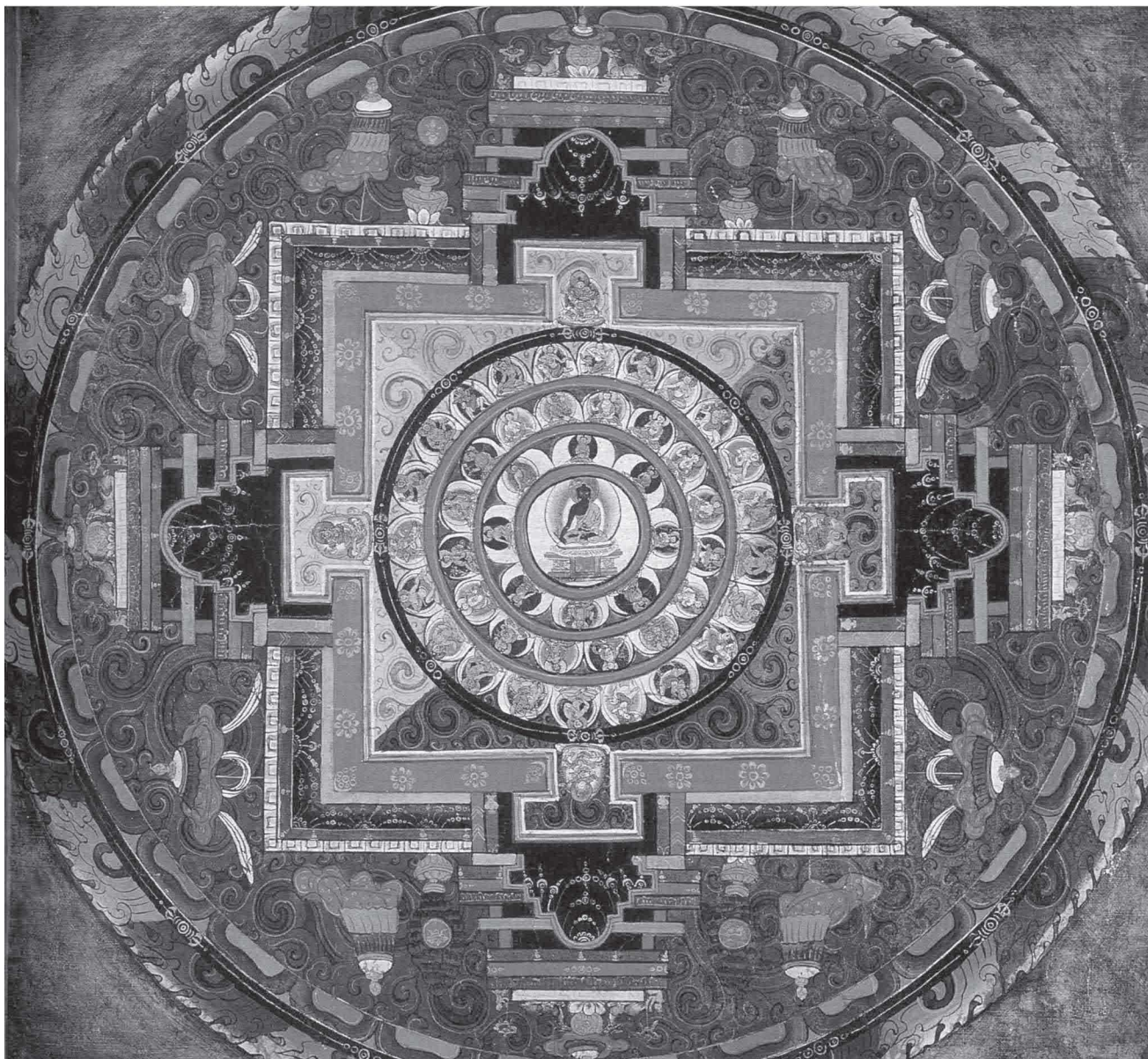
B The Sixteen Bodhisattvas

- 10 Mañjughoṣa (east, orange, holding a sword and a book)
- 11 Avalokiteśvara (east, white, holding a lotus)
- 12 Vajrapāṇi (east, blue, holding a vajra)
- 13 Sūryaprabha (east, orange, holding a solar disc above a lotus)

- 14 Candraprabha (south, white, holding a moon above a lotus)
- 15 Mahāmati (south, yellow, holding an eye above a lotus)
- 16 Maitreya (south, yellow, holding an orange bush and vase)
- 17 Trāṇamukta (south, orange, holding a jewel)
- 18 Pratibhānakūṭa (west, white, holding a censer)
- 19 Vikāmin (west, blue, holding a sword)
- 20 Darśanīya (west, white, holding a book above a lotus)
- 21 Nihantimati (west, pale yellow, holding a bejeweled stick)
- 22 Sucetana (north, white, holding a vase of nectar)
- 23 Merukūṭa (north, white, holding a crescent moon above a lotus)
- 24 Gaḍgadasvara (north, blue, holding a vajra above a night lotus)
- 25 Meruśikhara (north, white, holding a vase filled with nectar)

C The Ten Protector Divinities of Space

- 26 Brahmā (zenith, yellow, holding a wheel, riding a goose)
- 27 Indra (east, white, holding a vajra, riding an elephant)



- 28 Agni (southeast, red, holding a fire pot, riding a goat)
- 29 Yama (south, blue, holding a stick, riding a buffalo)
- 30 Rākṣasa (southwest, dark red, holding a sword, riding a zombie)
- 31 Varuṇa (west, white, holding a snake lasso, riding a sea-monster)
- 32 Vāyudeva (northwest, grey, holding a banner, riding a deer)
- 33 Yakṣa (north, yellow, holding a mongoose, riding a horse)
- 34 Īśāna (northeast, white, holding a trident, riding a buffalo)
- 35 Pṛthivī (nadir, yellow, holding a vase, riding a sow)

D The Twelve Yakṣa Generals²

- 36 Kimbhīra (east, yellow, holding a mongoose and a vajra)
- 37 Vajra (east, red, holding a mongoose and a sword)
- 38 Mekhila (east, yellow, holding a mongoose and a stick)
- 39 Antila (north, light blue, holding a mongoose and a stick)
- 40 Anila (north, red, holding a mongoose and a trident)
- 41 Saṅghila (north, grey, holding a mongoose and a sword)

- 42 Andala (west, red, holding a mongoose and a stick)
- 43 Pāyila (west, yellow, holding a mongoose and a stick)
- 44 Mahāla (west, pink, holding a mongoose and an axe)
- 45 Cidāla (south, yellow, holding a mongoose and a noose)
- 46 Caundhula (south, blue, holding a mongoose and a stick)
- 47 Vikala (south, red, holding a mongoose and a wheel)

E The Four Guardian Kings

- 48 Dhṛtarāṣṭra (east, blue, playing a lute)
- 49 Virūḍhaka (south, yellow, holding a sword)
- 50 Virūpākṣa (west, holding a reliquary stūpa)
- 51 Vaiśravaṇa (north, green, holding a mongoose vomiting jewels)



Appendix 7.4

A Summary of the Second Chapter of the *Heart Essence of Yuthogpa: the Nectar Stream of Empowerment Ritual*¹

The Nectar Stream of Empowerment rite has five steps, commencing with the supreme basic empowerment (*rtsa ba mchog dbang*).² This details the preparation of ritual implements for the empowerment ceremony, the sequence of the procedures to be followed when the spiritual master meditatively masters the empowerment, and the induction of the students into the mandala. There then follows the actual conferral of the outer, inner, and secret empowerments (*phyi nang gsang dbang*), the empowerment of discriminative awareness (*shes rab ye shes kyi dbang*), the empowerment of primordial awareness (*rig pa ye shes kyi dbang*), and the empowerment of real nature concerning view, meditation, fruit, and conduct (*de kho na nyid lta sgom spyod bzh'i dbang*). Together, these form the gateway to the whole gradation of Buddhist spiritual practices, extending from the lower tantras to the higher tantras and the Great Perfection.

In this context, the outer empowerment confers ablutions from the consecratory vase administered by the presiding master, who is visualized in the form of Bhaiṣajyaguru, and the consecrations of his tiara, ornaments, and silken robes, as well as the sacraments of nectar, blood, *gtor ma* cakes, skull cup and drum (*sman rag gtor tshogs thod rnga'i dbang bskur*) all ensue. Thereafter, the five hermit sages emerge from the five energy centers of Bhaiṣajyaguru's body, in the manner explained above, along with the *Four Tantras* and the eighteen aspects of medicine. The empowerments of the skull cup, mirror, and medicinal nectar are then conferred, through which dissonant mental states and ailments are alleviated. Here, medical instruments are also consecrated, along with the hand emblems of the deities of the five enlightened families.

The inner empowerment commences with the buddhas of the five enlightened families, Vairocana and so forth, manifesting as the five hermit sages to penetrate the respective centers of the student's body with rays of light. Bhaiṣajyaguru then emerges in the form of the horse-headed wrathful meditational deity Aśvottamalīla, in union with the female consort Vajravārāhī, their entourage comprising Vajra Ḍākinī who holds an iron hook, Ratna Ḍākinī who holds a text, Padma Ḍākinī who holds an iron hook, and Karma Ḍākinī who holds a turquoise.³ The symbolic seed syllables OM ĀḤ HŪM which are indicative of buddha body, speech, and mind then purify the energy centers of the student's body, transforming the eight aggregates of consciousness into the five pristine cognitions. Finally, *torma* (*gtor ma*) cakes are presented to the

hermit sages and mundane protector deities of the lineage, and the consecrations of the supramundane protectors, Damchen Zhanglon and so forth,⁴ follow.

The secret empowerment of supreme bliss is conferred when the generative fluid within the body of the master, visualized as Aśvottamalīla, melts into light and descends through the energy channels to emerge from his "secret vajra" into the "secret center" of his consort, visualized as Vajravārāhī. The actual empowerment of discriminating pristine cognition then generates the experience of the four delights (*dga' ba bzhi*) within the energy channels of the subtle body, through the union of Aśvottamalīla and Vajravārāhī.

Next, the empowerment of primordial awareness (*rig pa ye shes kyi dbang*) and the empowerment of real nature concerning view, meditation, fruit, and conduct (*de kho na nyid lta sgom spyod bzh'i dbang*) both pertain to the fruitional realizations of the Great Perfection (*rdzogs pa chen po*). The former is conferred through the entrustment of the *vajra* and bell, while the latter actualizes the mandalas of buddha body, speech, and mind.

The final four steps of the empowerment ceremony come to the heart of this particular medical transmission of Yuthogpa. They comprise: the maturational empowerment of meaning (*smin byed don dbang*), the permission ritual of the maturational goddesses (*smin gyi lha mo'i rjes snang*), the entrustment of awareness to the hermit sage Kapila (*drang srong ser skya'i rig gtad*), and the conclusive skilful means of the long-life empowerment (*mtha' rten tshe dbang bskur thabs*). Preparations here include the arrangement of various *materia medica* within the mandala.

Among these, the maturational empowerment of meaning concerns the "infinite injunctions of the indestructible king" Bhaiṣajyaguru and his protectors (*rdo rje rgyal po bka' rab 'byams kyi dbang*).⁵ Here, lights are diffused from the energy centers of the master into the student, conferring the four empowerments: (i) The vase empowerment purifies the ordinary body and its energy channels into the buddha body of emanation (*nirmāṇakāya*). (ii) The secret empowerment then purifies ordinary speech and its vital energy into the buddha body of perfect resource (*sambhogakāya*) — manifesting here as the five hermit sages. (iii) The empowerment of discriminating pristine cognition (*shes rab ye shes kyi dbang*) purifies ordinary mind and its generative essence into the buddha body of reality (*dharmakāya*). (iv) Lastly, the empowerment of word and meaning purifies all obscurations of body, speech, and mind into the buddha body of supreme bliss (*mahāsukhakāya*). The retinue of deities endowed with supernormal cognitive powers (*mngon shes can gyi lha yi 'khor*) also emerges.

The permission ritual of the maturational goddesses⁶ entails the invocation of the following retainers: the Conch White Youth (*dung gi khye'u dkar*) at the center, the White Goddess of Pristine Cognition (*ye shes slha mo dkar*) in the east, the Yellow Goddess of Eloquence (*smra byed lha mo ser*) in the south, and the Red Goddess of Light (*snang byed lha mo dmar*) in the west, while all the powerful hermit sages associated with medicine are in the north.⁷

The entrustment of awareness to the hermit sage Kapila⁸ makes offerings to Kapila — the hermit sage who holds a surgical stylet of pristine cognition and a vase of nectar

and embodies supernormal cognitive powers. He appears alongside his two siblings, the Pale Blue Youth (*khye'u chung sngo skya*), who realizes that which is hidden, and the Red Youth (*khye'u dmar*), who knows the future.⁹

The ceremony concludes with the skillful means of the long-life empowerment.¹⁰ This is the ritual means of subduing the “demon of the lord of death,” generating long-life medications through the successive consecrations of the vase, the deities, *gtor ma* offerings, the elixir of longevity, the ale of long life, the protective armor of the hand emblems of the deities, and the sealing of indestructibility.

End Notes

Introduction

Pages 2–13

1 Rubin Museum of Art, New York, March to September 2014.

2 David Seyfort Ruegg, “Ordre Spirituel et Ordre Temporel dans la Pensée Bouddhique de l’Inde et du Tibet,” (Paris: Collège de France, 1995).

3 The five “minor sciences” comprised poetry, astrology, lexicography, the performing arts, and language (Ruegg 1995, 97, 101).

4 For an excellent discussion of the term “Sowa Rigpa,” see Vincanne Adams, Mona Schrempf, and Sienna R. Craig, *Medicine Between Science and Religion: Explorations on Tibetan Grounds* (Oxford and New York: Berghahn Publishers, 2011), 3–12.

5 E.g. Adams, Schrempf, and Craig, *Medicine Between Science and Religion*.

6 See “Selasutta” in “*Mahavagga*” (chapter 7, line 13) in *The Sutta-Nipāta: A Collection of Discourses Being One of the Canonical Books of the Buddhists*, trans. from the Pāli by V. Fausbøll, vol. 10, Part II of the series “The Sacred Books of the East,” ed. F. Max Mueller (Oxford: Clarendon Press, 1881), 96–106.

7 The “three baskets,” or *Tripiṭaka*, contain: (1) the basic discourses (*Sutta Piṭaka*), (2) the rules for monks and nuns (*Vinaya Piṭaka*), (3) discourses on the detailed analysis of principles that govern mental and physical processes (*Abhidhamma Piṭaka*).

8 *Nissaggiya Pācittiya* (Vin II 23, 251) in *The Vinaya Piṭakam: one of the Principal Buddhist Holy Scriptures in the Pali Language*, ed. Hermann Oldenberg. (London: Williams and Norgate, 1881). See also Thanissaro Bhikkhu, “Chapter 5: Medicine,” in *The Buddhist Monastic Code II: The Khandhaka Rules Translated and Explained* (2007–2013),

Access to Insight: Readings in Theravāda Buddhism, 2001, accessed October 2012. <http://www.accesstosight.org/lib/authors/thanissaro/bmc2/bmc2.intro.html>.

9 Cf. Kenneth G. Zysk, *Asceticism and Healing in Ancient India: Medicine in the Buddhist Monastery* (New York: Oxford University Press, 1991; Delhi: Motilal Banarsidass 2010), 73; and Bhikkhu, “Chapter 5: Medicine.”

10 Zysk, *Aceticism and Healing*, 76–82.

11 Zysk, *Aceticism and Healing*. **12** See “*Samaññaphala Sutta* [The Fruits of the Contemplative Life],” in *Dikka Nikhaya* (DN I, 2, 47). For other discourses that encourage medical care among the Sangha, see for example, *Kucchivikara-vatthu* [The Monk with Dysentery], *Mahavagga* (Mv VIII 26, 1–8).

13 See “Commentary to *Pācittiya*” (Vin IV 3, 12–14) in *The Vinaya Piṭakam: One of the Principal Buddhist Holy Scriptures in the Pali Language*, vol. IV, ed. Hermann Oldenberg (London: Williams and Norgate, 1882). Cf. Bhikkhu, “Chapter 5: Medicine.”

14 Dominik Wujastyk, “The Nurses Should Be Able to Sing and Play Instruments: The Evidence for Early Hospitals in South Asia,” draft of June 2009, <http://univie.academia.edu/DominikWujastyk/Talks/> (accessed October 2012).

15 Vivienne Lo and Christopher Cullen, *Medieval Chinese Medicine: The Dunhuang Medical Manuscripts* (London and New York: RoutledgeCurzon, 2005).

16 Ann-Marie Blondeau and Ernst Steinkellner, eds., *Reflections of the Mountain: Essays on the History and Social Meaning of the Mountain Cult in Tibet and the Himalaya* (Vienna: Verlag der Österreichischen Akademie der Wissenschaften, 1996).

17 For publication of the two main sets of these paintings, see Jampa Trinle and Wang Lei, *Bod lugs gso rig rgyud bzhivi nang don bris cha ngo mtshar mthong ba don ldan* [Tibetan Medical Thangka of the Four Medical Tantras], trans. Cai Jingfeng (Lhasa: Bod ljongs Mi dmangs dpe skrun khang, 1988) for the Lhasa set; and Yuri Parfionovitch, Gyurme Dorje, and Fernand Meyer, eds., *Tibetan Medical Paintings: Illustrations to the Blue Beryl Treatise of Sangye Gyamtso (1653–1705)*, 2 vols. (London: Serindia Publications, 1992) for the Ulan Ude set.

18 Parfionovitch, Dorje, and Meyer, eds., *Tibetan Medical Paintings*.

19 For discussion of the different claims and statistics on the actual scale of the industry and its output value, see Martin Saxer, *Manufacturing Tibetan Medicine: The Creation of an Industry and the Moral Economy of Tibetanness* (New York and Oxford: Berghahn, 2013), 53–55.

20 5th December 2011, Kathmandu: *Producing Efficacious Medicine: Quality, Potency, Lineage, and Critically Endangered Knowledge*. For a short video of this event, see: <http://www.youtube.com/watch?v=6nzpofRuePE>.

21 http://www.plantlife.org.uk/publications/important_plant_areas_around_the_world/.

Chapter 1

Pages 16–31

1 There are several printed editions available of this text, for example, Yuthog Yonten Gonpo, *Bdud rtsi snying po yan lag brgyad pa gsang ba man ngag gi rgyud* [The Nectar Essence of the Eight Branches of Healing: A Tantra of Secret Oral Instruction] (twelfth century; Dharamsala: Bod gzhung

sman rtsis khang 1984). Many decorative manuscript and print copies of the *Four Tantras* have been created in various historical periods. Ordinary physicians and students commonly used less ornate manuscripts and printed copies. Today the *Four Tantras* is still most widely available in the Tibetan language and is printed in modern European-style books. Parts of the *Four Tantras* have also been translated into major European languages.

2 This chapter was written during a 3-year research project funded by the German Research Foundation (DFG Project No. 53307213).

3 Pema Dorjee and Elizabeth Richards, “Cures and Concepts of Tibetan Medicine,” *Tibetan Medicine* 2 (1981): 1–83, quote on p. 17.

4 This painting is discussed in chapters 3 and 7.

5 The historical debate on the Indian origin and the actual authorship of the *Four Tantras* is ongoing (see chapter 8).

6 “Oral” here indicates the Tibetan term *man ngag*, which primarily refers to a historical continuity of advice that can be transmitted orally or in writing; Geoffrey Samuel, *Civilized Shamans: Buddhism in Tibetan Societies* (Washington, D.C.: Smithsonian Institution Press, 1993), 597.

7 Chapter 31 of the *Explanatory Tantra* details the special qualities of a physician.

8 Sangye Gyatso, *Gso ba rig pa’i bstan bcos sman bla’i dgongs rgyan rgyud bzhi’i gsal byed bai dūr sngon po’i ma lli ka*, 2 vols. (1688; Lhasa: Bod ljongs mi dmangs dpe skrun khang, 1982), 27.

9 Ibid.

10 These strict rules of memorization have been adjusted to some extent in the syllabi of modern schools of Tibetan medicine, where emphasis is

now placed more on understanding than on memorization of the text.

11 R. Gethin, “The Mātikās: Memorizations, Mindfulness, and the List,” in *The Mirror of Memory: Reflections on Mindfulness and Remembrance in Indian and Tibetan Buddhism*, ed. J. Gyatso (Albany: State University of New York Press, 1992), 149–72.

12 See R-E. Emmerick, “Sources of the rGyud-bzhi,” *Zeitschrift der Deutschen Morgenländischen Gesellschaft*, supplement 1. III, 2 (1977): 1135–42; and chapter 8.

13 C. I. Beckwith, “The Introduction of Greek Medicine into Tibet in the Seventh and Eighth Centuries,” *Journal of the American Oriental Society* 99 (1979): 297–313. Beckwith traces tenets of the Hippocratic Oath in Tibetan medical texts (p. 304). See also R. Yoeli-Tlalim, “Re-visting ‘Galen in Tibet,’” *Medical History* 56 (2012): 355–65.

14 The constituents are sometimes also translated to English as “tissues.” In Tibetan they are called *luzung dun* (*lus zungs bdun*).

15 Yuthog Yonten Gonpo, *Bdud rtsi snying po yan lag brgyad pa gsang ba man ngag gi rgyud* [The Nectar Essence], 72.

16 Sangye Gyatso, *Bai dūr sngon po* (Blue Beryl), 120.

17 Men-Tsee-Khang, trans., *The Basic Tantra and the Explanatory Tantra from the Secret Quintessential Instructions on the Eight Branches of the Ambrosia Essence Tantra* (Dharamsala: Men-Tsee-Khang, 2008), 97.

18 R. Yoeli-Tlalim, “On Urine Analysis and Tibetan Medicine’s Connections with the West,” in *Studies of Medical Pluralism in Tibetan History and Society: Proceedings of the 11th Seminar of the International Association for Tibetan Studies, Königswinter 2006*, ed. M. Schrempf, S. R.

Craig, F. Garrett, and M. Cuomo (Andiastr, Switzerland: International Institute for Tibetan and Buddhist Studies, 2010), 195–211.

19 Men-Tsee-Khang, *The Subsequent Tantra From the Four Tantras of Tibetan Medicine* (Dharamsala: Men-Tsee-Khang, 2011), 7.

20 Ibid., 8.

21 Y. Parfionovitch, G. Dorje, and F. Meyer, *Tibetan Medical Paintings: Illustrations to the Blue Beryl Treatise of Sangye Gyatso (1653–1705)* (London: Serindia, 1992), 133.

22 See B. Gerke, “Correlating Biomedical and Tibetan Medical Terms in *Amchi* Medical Practice,” in *Medicine Between Science and Religion: Explorations on Tibetan Grounds*, ed. V. Adams, M. Schrempf, and S. Craig (Oxford and New York: Berghahn Books, 2011), 127–52.

23 See B. Gerke, “Tibetan Treatment Choices in the Context of Medical Pluralism in the Darjeeling Hills,” in *Studies of Medical Pluralism in Tibetan History and Society*, 337–76.

24 A. G. Prost, “*Sa cha’di ma’phrod na* ... Displacement and Traditional Tibetan Medicine among Tibetan Refugees in India,” in *Soundings in Tibetan Medicine: Anthropological and Historical Perspectives: Proceedings of the 10th Seminar of the International Association for Tibetan Studies (IATS) Oxford 2003*, ed. M. Schrempf (Leiden: Brill, 2007), 49.

25 See B. Gerke, *Long Lives and Untimely Deaths: Life-span Concepts and Longevity Practices among Tibetans in the Darjeeling Hills, India* (Leiden and Boston: Brill, 2012).

26 Men-Tsee-Khang, *Basic Tantra and the Explanatory Tantra*, 10.

Chapter 2

Pages 32–45

1 The *shine* (*zhi gnas*) and *lhag-tong* (*lhag mthong*) practices (Skt. *śamathā*, *vipaśyanā*, corresponding to Pali *samathā*, *vipassanā*) form preliminary exercises in some traditions for these forms of integrated tantric practice,

as do physical exercises such as the *trulkhor* (*‘phrul ‘khor*) or “Yantra Yoga” practices.

2 See Geoffrey Samuel and Jay Johnston, eds., *Religion and the Subtle Body in India and the West: Between Mind and Body* (London and New York: Routledge, 2013).

3 James Francis Hartzell, “Tantra Yoga: A Study of the Vedic Precursors, Historical Evolution, Literatures, Cultures, Doctrines, and Practices of the 11th Century Kaśmīri Śaivite and Buddhist Unexcelled Tantric Yogas” (PhD diss., Columbia University, 1997), 643–44.

4 E.g. Ibid., 613.

5 For the full scroll, see Figure 5.6. For a description of this scroll see Martin Brauen, *Mandala: Sacred Circle in Tibetan Buddhism* (Stuttgart: Arnoldsche; New York: Rubin Museum of Art, 2009), 53–57, 155–69, 247.

6 For a description of this diagram, see Amy Heller, “Two Early Tibetan Ritual Diagrams for Cakra Meditations,” *Tibet Journal* 34, nos. 3–4 (2009) and 35, nos. 1–2 (2010): 59–70.

7 Hartzell, “Tantra Yoga,” 70–127.

8 Kenneth G. Zysk, “The Science of Respiration and the Doctrine of the Bodily Winds in Ancient India,” *Journal of the American Oriental Society* 113 (1993): 198–213; Zysk, “The Bodily Winds in Ancient India Revisited,” *J. Royal Anthropological Institute* 13, special issue ed. Chris Low and Elisabeth Hsy (2007): S105–16; Peter Connolly, “The Vitalistic Antecedents of the Ātman-Brahman Concept,” in *Indian Insights: Buddhism, Brahmanism and Bhakti: Papers from the Annual Spalding Symposium on Indian Religions*, ed. Peter Connolly and Sue Hamilton (London: Luzac Oriental, 1997), 21–38; Hartzell, “Tantra Yoga,” 102; Geoffrey Samuel, “The Subtle Body in India and Beyond,” in Samuel and Johnston, eds., *Religion and the Subtle Body*, 33–47.

9 Hartzell, “Tantra Yoga,” 581–82.

10 Ibid., 587; Gerald Larson, “Differentiating the Concepts of

‘Yoga’ and ‘Tantra’ in Sanskrit Literary History,” *Journal of the American Oriental Society* 129 (2009): 493.

11 Geoffrey Samuel, *The Origins of Yoga and Tantra: Indic Religions to the Thirteenth Century* (Cambridge University Press: London and New York, 2008), 276, 285.

12 Andrea Loseries-Leick, “Psychic Sports: A Living Tradition in Contemporary Tibet,” in *Tibetan Studies I & II: Proceedings of the 7th Seminar of the International Association for Tibetan Studies, Graz 1995*, ed. Helmut Krasser et al., vol. 2 (Vienna: Verlag der Österreichischen Akademie der Wissenschaften, 1997), 583–93.

13 Chögyal Namkhai Norbu, *Yantra Yoga: The Tibetan Yoga of Movement*, trans. Adriano Clemente (Ithaca, NY: Snow Lion, 2008).

14 M. Alejandro Chaoul, “Magical Movements (*‘phrul ‘khor*): Ancient Yogic Practices in the Bön Religion and Contemporary Medical Perspectives” (PhD diss., Rice University, 2006).

15 For photographs of the Lukhang murals, see Ian A. Baker, *The Dalai Lama’s Secret Temple: Tantric Wall Paintings from Tibet* (London: Thames and Hudson, 2000); Baker, “Embodying Enlightenment: Physical Culture in Dzogchen as Revealed in Tibet’s Lukhang Murals,” *Asian Medicine: Tradition and Modernity* 7 (2012): 225–264.

16 Mark Epstein and Sonam Togay, “Mind and Mental Disorders in Tibetan Medicine,” *ReVision* 5, no. 1 (1982): 67–79. The Tibetan term *lung* (*rlung*, “wind” or “breath”) is used to translate two Sanskrit terms, *prāṇa*, the ordinary term for breath in Sanskrit but also the technical term for the internal flows of tantric physiology, and *vāta*, which is a technical term in Indian medicine, where it is one of the three *doṣa* or primary factors in illness-causation, corresponding to the *nyepa* (*nyes pa*, see chapter 1). As a consequence, these two concepts tend to become merged

in Tibetan usage. Thus “illnesses caused by *prāṇa*-imbalance” cannot easily be distinguished in Tibetan from “illnesses caused by *vāta*.”

17 Lati Rinbochay and Jeffrey Hopkins, *Death, Intermediate State and Rebirth in Tibetan Buddhism* (London: Rider, 1979).

18 See Frances Garrett, *Religion, Medicine and the Human Embryo in Tibet*, Critical Studies in Buddhism (Abingdon, Oxon; New York: Routledge, 2008), 8.

19 See Geoffrey Samuel, “Amitāyus and the Development of Tantric Practices for Longevity and Health in Tibet,” in *Transformations and Transfer of Tantra in Asia and Beyond*, ed. István Keul (Berlin and New York: Walter de Gruyter, 2012).

20 Garrett, *Religion*.

21 Janet Gyatso, “The Authority of Empiricism and the Empiricism of Authority: Medicine and Buddhism in Tibet on the Eve of Modernity,” *Comparative Studies of South Asia, Africa and the Middle East* 24 (2004): 91.

22 Paul Unschuld, “The Limits of Individualism and the Advantages of Modular Therapy: Concepts of Illness in Chinese Medicine,” *Asian Medicine: Tradition and Modernity* 2 (2006): 14–37.

23 Ibid.

24 J. Gyatso, “Authority of Empiricism,” 85–86.

25 Ibid., 85.

26 Ibid., 87.

27 See Samten G. Karmay, “Vairocana and the rGyud-bzhi,” *Tibetan Medicine* 12 (1989): 19–31; J. Gyatso “Authority of Empiricism,” 91–92; Garrett, *Religion*, 46–47.

28 See Tulku Thondup Rinpoche, *Hidden Teachings of Tibet: An Explanation of the Terma Tradition of the Nyingma School of Buddhism* (London: Wisdom, 1986); J. Gyatso, *Apparitions of the Self: The Secret Autobiographies of a Tibetan Visionary* (Princeton, NJ: Princeton University Press, 1999).

29 There are also doctors whose knowledge is said to originate through *terma* and *dagnang*. One example is Changchub Dorje

(Byang chub rdo rje), an early twentieth-century doctor who was one of the principal teachers of Lama Chögyal Namkhai Norbu Rinpoche. Others are mentioned in Antonio Terrone, “Householders and Monks: A Study of Treasure Revealers and Their Role in Religious Revival in Contemporary Eastern Tibet,” in *Buddhism Beyond the Monastery: Tantric Practices and Their Performers in Tibet and the Himalayas*, ed. Sarah Jacoby and Antonio Terrone, PIATS 2003: Proceedings of the Tenth Seminar of the International Association for Tibetan Studies, Oxford, 2003 (Leiden and Boston: Brill, 2009), 101–2 and n.81.

30 J. Gyatso, “Authority of Empiricism,” 87–89, 93.

31 Frances Garrett and Vincanne Adams, “The Three Channels in Tibetan Medical and Religious Texts, including a translation of Tsultrim Gyaltzen’s ‘Treatise on the Three Channels in Tibetan Medicine,’” *Traditional South Asian Medicine* 8 (2008): 88.

32 It is probably best here to avoid the term *circulation* since it is not evident that these substances were seen as actually circulating around the body, as opposed to being conveyed to specific areas.

33 J. Gyatso, “Authority of Empiricism,” 87; Garrett and Adams, “Three Channels,” 88–92.

34 *Tse* and *sog* are both translated “life” but refer to different aspects. Lopon P. Ogyan Tanzin Rinpoche explains *tse* as lifespan, and *sog* as a vital force with close links to consciousness (Tanzin, “An Introduction to Tibetan Practices Connected with Long Life,” in *Seed of Immortal Life: Contexts and Meanings of a Tibetan Longevity Practice*, by Geoffrey Samuel and Cathy Cantwell, with contributions by Robert Mayer and P. Ogyan Tanzin (Kathmandu: Vajra Books, forthcoming).

35 Garrett and Adams, “Three Channels,” 91–92.

36 Yang Ga, *The Sources for the Writing of the Rgyud bzhi, Tibetan Medical Classic* (Cambridge: Harvard University, 2010), 158.

37 Garrett and Adams, "Three Channels," 89.
 38 J. Gyatso, "Authority of Empiricism," 88.
 39 Ibid., 87–92.
 40 Ibid., 92.
 41 Shenpen K. Hookham, *The Buddha Within: Tathagatagarbha Doctrine According to the Shentong Interpretation of the Ratnagotravibhaga* (Albany: State University of New York Press, 1991). See also Geoffrey Samuel, *Civilized Shamans: Buddhism in Tibetan Societies* (Washington, D.C.: Smithsonian Institution Press, 1993).
 42 Garrett, *Religion*.
 43 See Frances Garrett, "The Alchemy of Accomplishing Medicine (*sman sgrub*): Situating the Yuthok Heart Essence Ritual Tradition," *Journal of Indian Philosophy* 37 (2009): 207–230; Franz-Karl Erhard, "A Short History of the *g.Yu thog snying thig*," in ed. Konrad Klaus and Jens-Uwe Hartmann, *Indica et Tibetica: Festschrift für Michael Hahn. Zum 65. Geburtstag von Freunden und Schülern überreicht* (Wien: Arbeitskreis für Tibetische und Buddhistische Studien, Universität Wien, 2007), 151–170.
 44 Garrett and Adams, "Three Channels."
 45 Geoffrey Samuel, *Mind, Body and Culture: Anthropology and the Biological Interface* (Cambridge and New York: Cambridge University Press, 1990); Geoffrey Samuel, "Subtle-Body Processes: Towards a Non-Reductionist Understanding," in ed. Samuel and Johnston, *Religion and the Subtle Body*, 249–66.

Chapter 3

Pages 46–63

1 Sienna R. Craig, *Healing Elements: Efficacy and the Social Ecologies of Tibetan Medicine* (Berkeley: University of California Press, 2012).
 2 Susan Whyte, Sijak Van der Geest, and Anita Hardon, *Social Lives of Medicines* (Cambridge: Cambridge University Press, 2006). S. Van der Geest, S. Whyte, and A. Hardon, "The

anthropology of pharmaceuticals: A biographical approach," *Annual Review of Anthropology* 25 (1996): 153–78.
 3 Kloos Stephan, *Tibetan medicine in exile: The Ethics, Politics, and Science of Cultural Survival* (PhD diss., University of California San Francisco & Berkeley, 2010); Martin Saxer, *Manufacturing Tibetan Medicine: The Creation of an Industry and the Moral Economy of Tibetanness* (Oxford & New York: Berghahn Books, 2013); Blaikie, *Making Medicine: Pharmacy, Exchange and the Production of Sowa Rigpa in Ladakh* (PhD diss., University of Kent, 2013); Vincanne Adams and Sienna Craig, "Global Pharma in the Land of Snow: Tibetan Medicines, SARS, and Identity Politics Across Nations," *Asian Medicine* 4 (2008): 1–28; Blaikie, Craig, Gerke, and Hofer, "Co-producing Efficacious Medicines: Collaborative Ethnography with Tibetan medicine Practitioners in Kathmandu, Nepal," *Current Anthropology* (forthcoming); Vincanne Adams, Mona Schrempf, and Sienna Craig, *Medicine Between Science and Religion — Explorations on Tibetan Grounds* (Oxford & New York: Berghahn Publishers, 2011).
 4 This concept is Mei Zhan's attempt to find alternative understandings of globalization, and she uses this as a way to analyze the becoming of new practices and ideas and technologies, through engagements of groups and individuals with people, ideas and practices from elsewhere and in trans-local encounters. See Mei Zhan, *Other-Worldly: Making Chinese Medicine through Transnational Frames* (Durham, NC: Duke University Press, 2009).
 5 Theresia Hofer, *The Inheritance of Change: Transmission and Practice of Tibetan Medicine in Ngamring* (Vienna: Wiener Studien zur Tibetologie und Buddhismuskunde, 2012); Hofer, "Tibetan Medicine on the Margins: Twentieth Century Transformations of Sowa Rigpa in Central Tibet" (unpublished PhD diss., University College London, 2011). Also see

<http://www.youtube.com/watch?v=6nzpofRuePE>; http://114.108.177.141/sub04/file/28.IASTAM_Newsletter_Winter_2013.pdf; and Blaikie, Craig, Gerke, and Hofer, "Co-producing Efficacious Medicines."
 6 Personal notes. On Jivaka, see Kenneth G. Zysk, *Asceticism and Healing in Ancient India — Medicine in the Buddhist Monastery* (Delhi: Motilal Banarsidass, 2010), 50–70 and 120–27.
 7 Space pervades the first four elements and is hence sometimes absent from this enumeration.
 8 V. Adams, et al., "The Challenge of Cross-Cultural Clinical Trials Research: Case Report from the Tibetan Autonomous Region, People's Republic of China," *Medical Anthropology Quarterly* 19 no. 3 (2005), 281.
 9 Cf. Craig, *Healing Elements*.
 10 In the context of new drug registration in China and Europe, the use of clinical trials of Tibetan medicines is on the rise. On the difficulties and great epistemological translation work that such clinical trials, in particular double-blind clinical control trials, require, see works by Vincanne Adams and Sienna R. Craig, for example V. Adams, et al., "The Challenge of Cross-Cultural Clinical Trials Research."
 11 In Tibetan, the *sman gyi yan lag bdun ldan*. Strictly speaking this procedure refers only to herbal ingredients. Other materials, such as those from animal organs or earths, have other requirements when processed and compounded, and such knowledge is often passed on orally. Cf. Ridak Dawa Menpa, *Bod kyi gso ba rig pa las sman rdzas sbyor bzo'i lag len gsang sgo 'byed pa'i lte mig* (Delhi: Rig Drag Publications, 2003).
 12 Yuthog Yonten Gonpo (G.yu thog Yon tan mgon po), *Bdud rtsi snying po yan lag brgyad pa gsang ba man ngag gi rgyud* [short: *Four Tantras*] (Lhasa: Bod ljongs mi dmangs dpe skrun khang, 1992). English translation taken from Men-Tsee-Khang,

The Subsequent Tantra from the Four Tantras of Tibetan Medicine (Dharamsala: Men-Tsee-Khang, 2011), 136.
 13 Some of the remedies given in this part of the *Four Tantras* are based on the earliest sources for the work (cf. chapter 8 by Yang Ga).
 14 The "unfolded tree," *dongdrem* (*sdong sgrem*), is a crucial mnemonic and visual device used in the *Four Tantras*, its commentaries, and related medical paintings and murals. As Sabernig's contribution to this publication highlights, at Labrang Monastery there is actually also a tree mural for the pharmacological chapters of the *Four Tantras* (see Figures V2.1–V2.3).
 15 Theresia Hofer, "Preliminary Investigations into New Oral and Textual Sources on *Byang lugs* — the 'Northern School' of Tibetan Medicine," in *Soundings in Tibetan Medicine — Historical and Anthropological Explorations*, ed. Mona Schrempf (Leiden: Brill Academic Publishers, 2007), 395–96.
 16 K. R. Schaeffer, "Textual Scholarship, Medical Tradition, and Mahayana Buddhist Ideals in Tibet," *Journal of Indian Philosophy* 31 (2003): 621–41; Hofer, *The Inheritance of Change*.
 17 Fernand Meyer, "Introduction: The Tibetan Medical Paintings of Tibet," in *Tibetan Medical Paintings: Illustrations to the Blue Beryl Treatise of Sangye Gyamtso*, ed. Yuri Parfionovich, Gyurme Dorje, and Fernand Meyer (London: Serindia, 1992), 6.
 18 *Vaidurya ngon po* vol. 5, fol. 244 a, as translated in Meyer, "Introduction: The Tibetan Medical Paintings of Tibet," 7.
 19 The nine genres of medical writings, as identified by Garrett, are as follows: nosological texts, texts on pharmacy and *materia medica*, medical dictionaries, histories of medicine, biographies of medical figures, Medicine Buddha liturgies, descriptions of the human body, documents on medical iconography, and the *Four Tantras* and their commentaries. Frances Garrett, *Narratives of Embryology: Becoming Human*

in Tibetan Literature (PhD thesis, University of Virginia, 2004), 39–42.
 20 These are comparable to the Chinese genre of *bencao* and European "herbals." On the former, see C. Nappi, *The Monkey and the Inkpot: Natural History and its Transformations in Early Modern China* (Cambridge, Massachusetts & London: Harvard University Press, 2009); on the latter, Sachiko Kusukawa, "Image, Text and Observation: De Codex Kentmanus," *Early Science and Medicine* 14 (2009), 445–75. Note that Asian pharmacopoeias generally include larger numbers of non-herbal *materia medica* than European ones.
 21 Mkhjen rabs nor bu, *Nyer mgo'i sman sbyor'mchi med bdud rtsi'i bum bsang* (Delhi: D. P. Works, n.d.).
 22 Tibetans also receive blessed substances and long-life pills (*tshe ril*) or *mani rilbu*, which are infused with prayers and referred to as medicines.
 23 For a fuller discussion on the history and work of this clinic, see Hofer, *Tibetan Medicine on the Margins* and forthcoming work.
 24 All names used here are pseudonyms.
 25 Saxer, *Manufacturing Tibetan Medicine*; Craig, *Healing Elements*; Adams and Craig "Global Pharma in the Land of Snow."
 26 This substance, as well as others such as bear gall, has been classified as endangered species. China has signed the Convention on International Trade in Endangered Species of Wild Fauna and Flora (CITES), taking necessary steps toward protecting endangered animal species. It is therefore in fact illegal to use and buy these substances. However, this has caused controversy among Tibetan medical practitioners, who consider musk and several other ingredients affected by the convention as crucial to the efficacy of certain compounded medicines. With the support of the Swiss Red Cross, a workshop was held in Lhasa in 2000 addressing this issue. On early Tibetan musk trade along

the Silk Route and use in Tibetan medicine, see Anna Akasoy and Ronit Yoeli-Tlalim, "Along the Musk Routes: Exchanges between Tibet and the Islamic World," *Asian Medicine: Tradition and Modernity* 3, no. 2 (2007): 217–40.

27 On medicine empowerment in Dolpo, see Marietta Kind, *Mendrub: A Bonpo Ritual for the Benefit of all Living Beings and the Empowerment of Medicine Performed in Tsho, Dolpo* (Kathmandu: WWF Nepal, 2002).

At the Lhasa Mentsikhong, see Frances Garrett, "The Alchemy of Accomplishing Medicine (*sman sgrub*): Situating the Yuthok Heart Essence (*G.yu thog snying thig*) in Literature and History" *Journal for Indian Philosophy* 37 (2009): 207–30.

28 Craig and Glover, special issue of *Asian Medicine* 5, no. 2 (2009).

29 Craig, *Healing Elements*; Saxer, (2013) *Manufacturing Tibetan Medicine*.

30 Theresia Hofer, "Socio-Economic Dimensions of Tibetan Medicine in the Tibet Autonomous Region, China: Part One," *Asian Medicine: Tradition and Modernity* 4, no. 1 (2008): 174–200; Theresia Hofer, "Socio-Economic Dimensions of Tibetan Medicine in the Tibet Autonomous Region, China: Part Two," *Asian Medicine: Tradition and Modernity* 4, no. 2 (2008): 492–514.

31 Reichle (1995) and Saxer (2002).

32 Columbine 15 mg, valerian root 10 mg, d-camphor 4 mg, aconite 1 mg, lettuce leaf 6 mg, clove 12 mg, golden cinquefoil 15 mg, kaempferia galanga rhizome 10 mg, costus root 40 mg, Iceland moss 40 mg, cardamom fruit 30 mg, Bengal quince 20 mg, myrobalan fruit 30 mg, calcium sulphate 20 mg, allspice 25 mg, neem fruit 35 mg, calendula flower 5 mg, red sandalwood 30 mg, heart-leaved sida 10 mg, ribwort plantain 15 mg, liquorice root 15 mg, knotgrass 15 mg and excipients.

33 Craig, *Healing Elements*; Hofer, *Tibetan Medicine on the Margins*.

34 Cf. Saxer, *Manufacturing*

Tibetan Medicine; Craig, *Healing Elements*; Vincanne Adams, "The Sacred in the Scientific: Ambiguous Practices of Science in Tibetan Medicine," *Cultural Anthropology* 16 no. 4 (2001): 542–75.

35 Cf. Talal Asad, *Formations of the Secular* (Stanford: Stanford University Press, 2003).

36 <http://www.114.108.177.141/sub04/news.html> and <http://www.youtube.com/watch?v=6nzpofRuePE>.

37 For example on *Padma 28*, see <http://www.tibmedinfo.ch/publications>.

38 Craig, *Healing Elements*; Saxer, *Manufacturing Tibetan Medicine*.

Chapter 4 Pages 64–89

1 There are also non-illustrated manuscripts on moxibustion among the Tibetan find from Dunhuang, one on prohibitions is discussed in chapter 5.

2 Men-Tsee-Khang [G.yu thog Yon tan mgon po], *The Subsequent Tantra from the Four Tantras of Tibetan Medicine* (Dharamsala: Men-Tsee-Khang Publications, 2011). Surgery (*thur dpyad*) is discussed in a later chapter in the *Four Tantras*.

3 Men-Tsee-Khang, *The Basic Tantra and The Explanatory Tantra from the Secret Quintessential Instructions on the Eight Branches of the Ambrosia Essence Tantra* (Dharamsala: Men-Tsee-Khang Publications, 2008), 232–240.

4 Men-Tsee-Khang, *The Subsequent Tantra from the Secret Quintessential Instructions on the Eight Branches of the Ambrosia Essence Tantra* (Dharamsala: Men-Tsee-Khang Publications, 2011), 203–273.

5 Ideally, cold water stones are collected from a part of a river that is never exposed to the sun.

6 "Stargazing" water refers to water collected in the early hours of the morning, when stars shine brightly.

7 Men-Tsee-Khang, *The Subsequent Tantra*, 235.

8 Cf. Men-Tsee-Khang, *The Subsequent Tantra*, 236–7.

9 "Cold kidney" (*mkhal grang*) is a Tibetan medical concept to describe loss of heat in the kidneys, a condition, with among others, symptoms of lower back ache and frequent urination.

10 *Chang* is an alcoholic drink made from fermented barley and commonly drunk as a form of beer in Tibet.

11 Desi Sangye Gyatso (Sde srid sangs rgyas rgya mtsho), "Gso ba rig pa'i bstan bcos sman blai dgongs rgyan rgyud bzhi'i gsal byed bedur sngon po'i mallika zhes bya ba bzhugs so" (1688; T.Y. Tashiganga Reprint, Leh Ladakh, New Delhi: Sman rtsis Shes rig Spen dzod, 1973), 27.

12 Deumar Tenzin Phuntsog (De'u dmar bstan 'dzin phun tshogs), *Shel gong shel phreng* (Leh, Ladakh, New Delhi: Sman rtsis Shes rig Spendzod, 1970), 423.

13 "Hidden fever" (*gab tshad*) in Tibetan medicine refers to a fever insufficiently treated at an early stage and that has therefore become chronic.

14 Human nectar is also called meadow nectar.

15 Deva nectar is also called sun nectar.

16 *Tsen* (*btsan*) spirit nectar is also called moon nectar.

17 Naga spirit nectar is also called water nectar.

18 Nectar of the eight classic spirits is also called earth nectar and [(*Artemisia* sp)] (*mkhan pa*).

19 Men-Tsee-Khang, *The Subsequent Tantra*, 238–243.

20 *Ibid.*, 244.

21 Oxford English Dictionary, accessed October 2012, <http://www.oed.com/view/Entry/254647?redirectedFrom=moxibustion&>.

22 Pelliot was French and Stein Hungarian-British, and most of the manuscripts they collected are divided between Paris (Bibliothèque Nationale) and London (British Library), with the rest in China and scattered in institutions around the globe. Most have all been digitized and are accessible online. For an introduction to the Dunhuang manuscripts, see Susan Whitfield "Foreword: The Dunhuang Collections and International Collaboration," in

Medieval Chinese Medicine: The Dunhuang Medical Manuscripts, ed. Vivienne Lo and Christopher Cullen (London and New York: RoutledgeCurzon, 2005), xii–xxiv.

23 See Vivienne Lo, "Introduction to Part III: Self-Cultivation and the Popular Medical Traditions, in *Medieval Chinese Medicine*, ed. Vivienne Lo and Christopher Cullen (London: RoutledgeCurzon, 2005), 207–26.

24 For Gyushi, see Men-Tsee-Khang, *Four Tantras*, 222–33; and for Deumar Tenzin Phuntsog's text, the *Me btsa'i gdams pa rgyas spros gsal ston rab dangs shel dkar me long* (Dehradun, India: Songtsen Library, 2007), 272.

25 *Sman dpyad zla ba'i rgyal po* (*Somaraza*) (Dharamsala: Men-Tsee-Khang, 1994), 312.

26 Zur was one of two main medical schools that developed in central Tibet between the 15th and 17th centuries, see chapters 8 and 9. There are still proponents of both traditions today.

27 Deumar Tenzin Phuntsog, "Me btsa'i gdams pa shel dkar melong," 272.

28 The Medicine Buddha mantra in the *Four Tantras* and the Medicine Buddha sutra (*Sman mdo brgyad brgya pa*) differ slightly (cf. chapter 7). Moreover, the way that their Sanskrit originals are pronounced by Tibetans differs substantially.

29 Men-Tsee-Khang, *The Subsequent Tantras*, 232.

30 *Ibid.*, chapter 23, 209.

31 Fernand Meyer, "Introduction: The Medical Paintings of Tibet," in *Tibetan Medical Paintings: Illustrations to the "Blue Beryl" Treatise of Sangye Gyamtso (1653–1705)*, ed. Yuri Parfionovich, Gyurme Dorje, and Fernand Meyer (London: Serindia Publications; New York: Harry N. Abrams, Inc. Publishers, 1992), 6.

32 *Surya* disease manifests in the skin area on the surface of the sick internal organ.

33 Deumar Tenzin Phuntsog, "Lag len gces rigs bsdus pa sman kun bcud du bsgrub pa'i las kyi choga kun gsal sngang

mdzod ces bya ba bzhugs so" [Principles of lamaist pharmacognosy: being the texts of the dri med shel gong, dri med shel phreng, and the lag len gces bsdus], in *Dri med shel gong dang dri med shel phreng dang lag len gces bsdus*, series: Smanrtsis shesrig spendzod (Lcags po ri par khang; Chagpori Printing Press, 1897; Republished by S.W. Tashigangpa: Leh, Ladakh, 1970), 563–70.

34 Golden *telpa* may have an iron body and only a golden tip due to the high cost and lower melting point of gold.

35 *Hor* people are described in the well-known Tibetan epic of King Gesar. Three types are detailed: those living in *gur dkar* (i.e. "white tents"), *gur nag* ("black tents"), and *gur ser* ("yellow tents"). The color of the tent, as well as the color of the hair or skin of people, defined them to the Tibetans. As far as I can discern, it would seem that this definition specifically applies to the ancient Caucasians, Mongols, and Kurdic tribes.

36 Khyenrab Norbu's (*mkhyen rab norbu*) *First Tantra Medicine Tree Practice* (*Rtsa rgyud sdong 'grem*); and Deumar Tenzin Phuntsog's *laglen gces btus*, 563. Samtan (Bsam gtan), "Gso rig snying bsdus skya reng gsar pa" (Lhasa, Tibet Autonomous Region (TAR), China: People's Publishing House, 1997), 187.

37 My teachers included, among others, Professor Barshee Phuntsog Wangyal, Dr. Jamyang Tashi, and Lady Dr. Lobsang Dolma (Blo bzang sgrol ma)

38 Deumar Tenzin Phuntsog, *Lag len gces btus*, 563.

39 V. Lo and V. Scheid, *2000 years of Acupuncture* (London: Wellcome Trust Centre for the History of Medicine, n.d.)

40 Chapter 22 of the *Explanatory Tantra*.

41 It should be added, however, that pure gold needles are very soft and delicate, hence in practice it is actually better to use needles of hybrid origin, i.e., containing a high percentage of gold mixed with a low percentage of silver.

42 Samten (Bsam gtan), *Gso rig*

snying bsodus skya reng gsar pa (Lhasa, TAR: People's Publishing House, 1997), 181.

43 Lobsang Wangyal, *My Life, My Country* (Dharamsala: Ridak Publisher, 2007), 8.

44 Desi Sangye Gyatso *Dpal ldan gso ba rig pa'i khog 'bugs legs bshad bedurya'i me long drang srong dgyes pa'i dga' ston zhes bya ba bzhugs so* [Mirror of Beryl] (Reprint, Gansu: People's Publishing House, 1982).

45 There are many alternative spellings for this name in the literature: *stag gzig*, *rtag gzig*, *Parzig*, and *Tazig*.

46 It has since been argued that the name Galenos was used synonymously with the tradition represented by this Persian doctor, that is Galenic medicine, rather than in direct reference to Galen, the famous Greek physician from the second century CE. For a discussion of the historical veracity of the name Galenos, see C. Beckwith, "The Introduction of Greek Medicine into Tibet in the Seventh and Eighth Centuries," *Journal of the American Oriental Society*, vol. 99, no. 2 (1979); and Ronit Yoeli-Tlalim, "Re-visiting 'Galen in Tibet,'" *Medical History*, vol. 56, no. 3 (2012): 355–65.

47 Given their enigmatic titles, these three could possibly have been surgical works based on animal dissection, the texts bearing the names of the animals used in dissection. This is, however, nothing but speculation, and future research will have to show if this hypothesis can be substantiated or alternative reasons found.

48 Desi Sangye Gyatso, *Mirror of Beryl*, 150 and Beckwith, "The Introduction of Greek Medicine into Tibet," 301.

49 For more on Bharadwaj from India, Henwen Hangte from China and Galenos from Tazig (Persia or Eastern Roman empire), see Beckwith, "The Introduction of Greek Medicine into Tibet," 300.

50 Beckwith, "The Introduction of Greek Medicine into Tibet," 300. See also Desi Sangye Gyatso, *Mirror of Beryl*, 301.

51 *Rgyud shel gyi me long le'u lna bchu pa*.

52 *Bla dpyad gzhung 'tsho ba'i mdo*.

53 Tsanpashilaha here should not be confused with the previously mentioned Tsampashilaha.

54 *Gso ba rig pa'i rtsa ba rtsis nyi zla'i skor lo le'u bdun*. The three medical systems here refer to Indian, Chinese, and Persian medical systems.

55 *Rin chen spung pa'i skor*.

56 *Li'i rgyal po'i ske bcos*.

57 *Be 'bum nag po'i skor 'jal tshad dang bca spa*. The exact content of the text remains to be discovered but in my opinion, *be bum* means "manual" and *'jal tshad* refers to a measuring or weighing method used in pharmacy-related work. Alternatively, it could denote certain specifics of anatomy and the associated measures for dissection of a body. Whatever the case, this requires further research.

58 *Drang srong rnying rgyud mgo byang khog yan lag gi pra 'khrid skor gsum*.

59 *Mgo byang khog 'du ba thor bu bcas*.

60 *Rgyal po'i bla yig 'od 'bar* (People's Publishing house: Tibet Autonomous Region, China, 2005). This treatise seems to be one of the most complete on treatment of pathology and diagnosis among ancient literatures (in its current format it runs to 195 pages).

61 Desi Sangye Gyatso, *Mirror of Beryl*, 394.

62 A.E. Nourse, et al, eds., "The body," *Life* (1964), 23; Gérald d'Andiran, *Early Medicine: From the Body to the Stars* (Basel: Fondation Martic Bodmer, Schwabe, 2011), 64, Plate 14.

63 Institute of History of Medicine, *Hyderabad Museum Guide*, Part II (Central Council for Research in Indian Medicine and Homeopathy: India, 1971), 20.

64 Chagmen (Chag sman rin rgyal), *'Bum khu tshur* (People's Publishing house: Beijing, 2004).

65 Darmo Menrampa Lozang Gyatso, *G.yu thog gsar rnying gi rnam thar* [Biography of Yuthog the Elder and the Younger] (Potala Edition, n.d. Reprint, Leh: D.V. Tashiganga, 1984).

66 C. Lawrence, ed, *Medical Theory, Surgical Practice: Studies*

in the History of Surgery (London and New York: Routledge, 1992).

67 D'Andiran, *Early Medicine*, 71.

68 Institute of History of Medicine, *Hyderabad Museum Guide*, Part II, 20–3.

69 Brangti's *Gser bre chen mo* was reprinted and published by Tsering Paljor Emchi Leh, Ladakh, 1975.

70 Some of these texts have been republished by Sherig Parkhang in Dharamsala.

71 Desi Sangye Gyatso, *Mirror of Beryl*, 156.

72 *Ibid.*, 204.

73 Cf. Kurtis R. Schaeffer, (2003) "Textual Scholarship, Medical Tradition, and Mahāyāna Buddhist Ideals in Tibet," *Journal of Indian Philosophy* 31: 621–41. See also, Men-Tsee-Khang, 2008, 288.

74 These practitioners were *Purang gze sman*, *La stod od zer phan dar*, *Rgyang mkhar rdog sman gyong po*, *Myang stod Shershak*, *'Phanpo rdzong rdol*, *'Brom stod gyog sman bkra shis*, *Dbur stod dar bsod*, *Gnyal pa dpal seng*, *Yar klungs seng ge*, and *Zhang ro chos kyi rgyal mtshan*.

75 Desi Sangye Gyatso, *Mirror of Beryl*, 306.

76 Jampa Trinle (Byams pa 'Phrin las), *Gang ljong bod kyi gso rig bstan pa'i nyin byed rim byon gyi rnam thar phyogs bsgrigs* (Beijing: Mi rigs dpe skrun khang, 1990), 232.

77 Jampa Trinle, *Gang ljong bod kyi gso rig bstan pa'i nyin byed rim byon gyi rnam thar phyogs bsgrigs*, 235.

78 Gongmen Konchog Phen dar (Gong sman dkon mchog phandar), *"Byang khog gsang 'byed kyi man ngag bla ma'i lung bstan thurma zhes bya ba,"* in *Nyams yig brgya rtsa las rlung nad bcas pa'i yig chung nas chang nad bcas pa'i yig chung gi bar bshugs so* (Bod gzhung sman rtsis khang: Dharamsala Men-Tsee-Khang, India, 1997), 139–42.

79 *Ibid.*, 142. Note that this refers to the entire body of Tibetan anatomical knowledge.

80 Darmo Menrampa Lozang Gyatso, *Biography of Yuthog the Elder and the Younger*, 129.

81 Sakya Sonam Gyaltsen (Sas skyas Bsod nams rgyal mtsan)

Rgyal rab gsal wa'i melong (Beijing: Mi rigs dpe sgrung khnag., 2002) 61; Desi Sangye Gyatso, *Mirror of Beryl*, 149.

82 Ngawang Lobzang Gyatso (Nga dbang blo bzang rgya mtsho), *Gang can yul gyi sala spyod pa'i mtho ris kyi rgyal blon gtso bor brjod pa'i deb ther rdzogs ldan gzhon nu'i dga' ston dpyid kyi rgyal mo'i glu dbyangs zhes bya ba bzhugs so* (Dharamsala, India: Shes rig Parkhang, 1981), 19. This story describes the blind prince undergoing an eye operation, although — from its details — probably not cataract surgery.

83 Desi Sangye Gyatso, *Mirror of Beryl*, 149.

84 Probably an Islamic physician to the Indian Mughal emperor Shah Jahan (r. 1628–1658); Desi Sangye Gyatso, *Mirror of Beryl*, 371.

85 *Ibid.*; and Jampa Trinle (Byams pa 'phrin las), *Gang ljong gso rig bstan pa'i nyin byed rim byon gyi rnam thar phyogs bsgrigs*, 305.

86 Ta'i Situ Chokyi jung ne (Ta'i Si tu Chos kyi' byung gnas), *"Jam mgon bla ma'i zhal lung sogs man ngag thorbu bzhugs so"* in *Bod sman mkhas dbang rim byon gyi man ngag thorbu phyogs bsgrigs* (Lha sa: Mi dmang dpe sgrungs khang, 2005), 78–83.

87 Theresia Hofer, "Changing Representations of the Tibetan Woman Doctor Khandro Yangkar (1907–1973)," in *Buddhist Himalayas: Studies in Religion, History and Culture*, vol. 1, ed. Alex McKay and Anna Balikci-Denjongpa (Gangtok: Namgyal Institute of Tibetology, 2011), 103–08.

88 Jampa Trinle, *Gang ljong gso rig bstan pa'i nyin byed rim byon gyi rnam thar phyogs bsgrigs*, 443.

89 *Ibid.*, 444.

90 *Ibid.*, 445.

91 I had the good fortune to meet (the now late) Dr. Kunga Phuntshogs during a visit he made to Dharamsala in the mid-1980s. At the time he was over 70 years old and, after Khyenrab Norbu, was the most senior and

learned practitioner at the Lhasa Mentsikhang.

92 Lobsang Wangyal *My Life, My Country* (Dharamsala, India: Ridak Publisher, 2007), 8.

93 Donckie Tsultrim Emchi, "Life story of Dr. Tingri Menpa Sonam Tobgey," *The Journal of Traditional Tibetan Medicine* (International Academy for Traditional Tibetan Medicine, 2008), <http://www.tibetmedizin.org/pdf/Lifestory.pdf> (accessed 12 March 2013).

94 Desi Sangye Gyatso *Man ngag lhan thabs* [Supplement to the Instructional Tantra] (Gansu: Mi dmang dpe skrun khang, 1992), 262; and Desi Sangye Gyatso, *Gso ba rig pa'i bstan bcos sman bla'i dgongs rgyan las rgyud bzhi'i gsal byed bedur sngon po'i phreng ba las dum bu gsum pa man ngag yontan rgyud kyi rnam bshad ces bya ab bzhugs so'*, Part 1 (1688; Reprint New Delhi, India: T. Y. Tashiganga, 1973), 414–21.

95 One of Ayurveda's oil therapies involving the dropping of warm oil on the forehead.

96 This is also another reason why moxibustion and venesection were widely used in Tibet, as for physicians and patients they were relatively inexpensive and convenient.

Chapter 5

Pages 90–104

1 This chapter is based on my "Tibetan Medical Astrology," in *Astro-Medicine: Astrology and Medicine, East and West*, ed. Akasoy, Burnett, and Yoeli-Tlalim (Florence: Micrologus Library, 2008), 223–36 and my *Medical Mélange: Ancient Tibetan Medicine from Dunhuang* (forthcoming). Additional research was conducted as part of my Wellcome Trust funded project, "Tibetan Medicine: A Himalayan Melange" held at the Wellcome Trust Centre for the History of Medicine at UCL.

2 See Vivian Nutton, "Greek Medical Astrology and the Boundaries of Medicine," in *Astro-Medicine*, ed. Akasoy, et al., 17–31.

3 Carlo Ginzburg, "Clues: Roots

of an Evidential Paradigm,” in *Clues, Myths and the Historical Method*, trans. John and Anne C. Tedeschi (Baltimore: Johns Hopkins University Press, 1989), 105.

4 Ibid.

5 See Akasoy, et al., eds., *Astro-Medicine*.

6 See Vesna Wallace, “A Convergence of Medical and Astro-Sciences in Indian Tantric Buddhism: A Case of the *Kālacakra*,” in *Astro-Medicine*, ed. Akasoy, et al., 209–22.

7 For a comprehensive discussion of this term, see Rolf Stein, “Tibetica Antiqua III: Apropos of the Word *Gtsug lag* and the Indigenous Religion,” in *Rolf Stein’s Tibetica Antiqua*, trans. and ed. Arthur P. McKeown (Leiden: Brill, 2010): 117–90.

8 For an overview on Tibetan sources on astrology and time calculation, see Dieter Schuh, *Untersuchungen zur Geschichte der Tibetischen Kalenderrechnung* (Wiesbaden: F. Steiner, 1973), 22–46; Gyurme Dorje, comm. and trans., *Tibetan Elemental Divination Paintings: Illuminated Manuscripts from The White Beryl of Sangs-rgyas rGya-mtsho: with the Moonbeams Treatise of Lo-chen Dharmasri* (London: Eskenazi & Fogg, 2001); Rolf A. Stein, “Trente-trois fiches de divination tibétaines,” *Harvard Journal of Asiatic Studies* 4 (1939), 297–371; Jhampa Kalsang, *Tibet Astro Science* (Rome: Tibet Domani, 1999); Lama Chime Radha Rinpoche, “Tibet,” in *Divination and Oracles*, ed. Michael Loewe and Carmen Blacker (London: Shambhala Boulder, 1981), 3–37; Jampa Dagthon, et al., *Tibetan Astronomy and Astrology: a Brief Introduction* (Dharamsala: Men-Tsee-Khang, 1998); Brandon Dotson, “Divination and law in the Tibetan Empire: The Role of Dice in the Legislation of Loans, Interest, Marital Law and Troop Conscription,” in *Contributions to the Cultural History of Early Tibet*, ed. M. T. Kapstein and B. Dotson (Leiden: Brill, 2007), 3–77; Philippe Cornu, *Tibetan Astrology* (Boston: Shambhala, 1997); Berthold Laufer, “Bird Divination

among the Tibetans,” *T’oung Pao* 15 (1914), 1–110. For an illuminating work on the *Kālacakra Tantra*’s time calculation, see Edward Henning, *Kālacakra and the Tibetan Calendar* (New York: Columbia University Press, 2007).

9 Divination of illness is discussed in Sangs rgyas rgya mtsho’s *Phug lugs rtsis kyi legs bshad Vaidūra dkar po*. Reproduced by T. Ssepal Taikhang as *The Vaidūrya dkar po of sde-srid Śans-rgyas-rgya-mtsho*, vol. I, fols. 556–607 (original pagination: fols. 274r–299v). For a translation of these chapters see Gyurme Dorje, *Divination Paintings*, 294–305.

10 The entire manuscript has been published with commentary by Gyurme Dorje, ca. 2001.

11 The section dealing with pulse diagnosis appears in the *rGyud bzhi*, Subsequent Tantra (*Phyi ma rgyud*), Chap. 1. *Bdud rtsi snying po yan lag brgyad pa gsang man ngag gi rgyud* (Lhasa, 2000), 557–67.

12 Parfionovitch, Meyer, and Dorje, *Plates* (1992), Plate 55, 125–26.

13 The astro-medicinal principles in the *Kālacakra* are described in Wallace, “A Convergence of Medical and Astro-Sciences in Indian Tantric Buddhism,” 209–22.

14 This principle also appears in earlier Ayurveda texts such as the Suśruta’s *Compendium* and Caraka’s *Compendium*. See Vesna Wallace, “The Buddhist Tantric Medicine in the *Kālacakra*,” *The Pacific World: Journal of the Institute of Buddhist Studies*, New Series, nos. 10–11 (1995): 155–74.

15 The link between the *rigne* and Buddhism (which is one of them) is established in Tibetan medical literature and Tibetan astral sciences literature, as well as Buddhist literature. For an overview of the ten Buddhist sciences in Tibetan Buddhist literature, see David S. Ruegg, *Ordre spirituel et ordre temporel dans la pensée bouddhique de l’Inde et du Tibet* (Paris: Dépositaire exclusive, Edition-Diuffusion de Bocard, 1995), 93–147

(‘Science religieuse et sciences séculières en Inde et au Tibet: vidyāsthāna indo-bouddhiques et rig gnas indo-tibétains’); see also Vesna Wallace, *The Inner Kālacakra Tantra: a Buddhist Tantric View of the Individual* (New York: Oxford University Press, 2001), 43–55

16 The other four are the inner science (i.e., *nang rig pa* or Buddhism), epistemology and logic (*gtan tshigs rig pa*), grammar (*sgra rig pa*), and arts and crafts (*bzo rig pa*).

17 The other four are poetry (*snyan ngag*), metrics (*sdeb sbyor*), lexicography (*rmngon brjod*), and drama (*zlos gar*).

18 See for example Bu ston Rinpoche (1290–1364) quoting the *Sūtralanikāra*. Bu ston, *Jewellery of Scripture*, trans. E. Obermiller (New Delhi: Paljor Publications, 2000), 52. On this topic see also Kurtis Schaeffer, “Textual Scholarship, Medical Tradition, and Mahāyāna Buddhist Ideals in Tibet,” *Journal of Indian Philosophy* 31 (2003), 621–41.

19 See *Bdud rtsi snying po yan lag brgyad pa gsang ba man ngag gi rgyud*, 1.

20 Gyurme Dorje, *Divination Paintings*, 46.

21 Quoted in Rolf Stein, *Tibetan Civilization* (London: Faber and Faber, 1972), 52, note 2.

22 Shen-yu Lin, “The Tibetan Image of Confucius,” *Revue d’Études Tibétaines* 12 (2007), 105–29. On the Chinese princesses, see 112–13.

23 Colophon of IOL Tib J. See Ariane MacDonald, “Une lecture des Pelliot tibétain 1286, 1287, 1038, 1047, et 1290,” in *Études tibétaines dédiées à la mémoire de Marcelle Lalou*, ed. Marcelle Lalou (Paris: Adrien-Maisonneuve, 1971), particularly 282–83. Other Tibetan manuscripts from Dunhuang which mention Kong tse (in its variant spellings) are: Pelliot tibétain 987, Pelliot tibétain 988, Pelliot tibétain 1284. For a discussion of these, see Shen-yu Lin, “The Tibetan Image of Confucius.” For a further discussion of these sources, see below.

24 See Samten Karmay, “A gZer-

mig Version of the Interview between Confucius and Phyva Ken-tse lan-med,” *Bulletin of the School of Oriental and African Studies* 38 (1975), 562–80.

25 Some of these sources are discussed by She-yu Lin, “The Tibetan Image of Confucius.” See also Béla Kelényi, “The Myth of the Cosmic Turtle according to the Late Astrological Tradition,” in *Impressions of Bhutan and Tibetan Art: Tibetan Studies III, Proceedings of the Ninth Seminar of the IATS 2000*, ed. John Ardussi and Henk Blezer (Leiden: Brill, 2002), 69–90.

26 Gyurme Dorje, *Divination Paintings*, 16; Kelényi, “The Myth of the Cosmic Turtle,” 69–90.

27 Gyurme Dorje, *Divination Paintings*, 16–17.

28 See Kelényi, “The Myth of the Cosmic Turtle,” 74.

29 ‘Jam mgon Kong sprul, *Shes bya kun khyab pa’i gzhung lugs nyung ngu’i tshig gis nam par’ grol ba legs bshad yongs’ du shes bya mtha’ yas pa’i rgya mtsho*, vol. 1, new pagination: fol. 594 (old pagination: fol. 220a), line 3. Reproduced as:

Lokesh Chandra, ed. *Kongtrul’s Encyclopaedia of Indo-Tibetan Culture*, Parts 1–3. (New Delhi: Śatapiṭaka Series, 1970). Gyurme Dorje’s translation, 2001, 16.

30 See Gyurme Dorje, *Divination Paintings*, 423.

31 For an overview on these views see the posts on “Secrets of the Cave” on Sam van Schaik’s Early Tibet blog: www.earlytibet.com: “Secrets of the Cave I: ‘Sacred Waste,’” “Secrets of the Cave II: The ‘Library Cave,’” “Secrets of the Cave III: The Cave of Monk Wu.”

32 See Takata Tokio, “Multilingualism in Tun-huang,” *Acta Asiatica: Bulletin of the Institute of Eastern Culture* 78 (2000): *Tun-huang and Turfan Studies*, 49–70.

33 On some of these cultural interactions, particularly within the Buddhist sphere see Rong Xinjiang, “The Relationship of Dunhuang with the Uighur Kingdom in Turfan in the Tenth Century,” in *De Dunhuang à Istanbul: Hommage à James Russell Hamilton* (Silk Road

Studies V), ed. Bazin, Louis and Peter Zieme (Turnhout: Brepols, 2001).

34 For studies on the Chinese medical manuscripts from Dunhuang, see Vivienne Lo and Christopher Cullen, eds., *Medieval Chinese Medicine: The Dunhuang Medical Manuscripts* (London & New York: RoutledgeCurzon, 2005); Catherine Despeux, ed., *Médecine, Religion et Société dans la Chine Médiévale: Étude de Manuscrits Chinois de Dunhuang et de Turfan*, 3 vols. (Paris: Collège de France, 2010).

The only Tibetan medical texts from Dunhuang that have been studied till now in any Western language are those dealing with horse veterinary, which have been studied by Anne-Marie Blondeau: A. M. Blondeau, *Matériaux pour l’Étude de l’Hippologie et de l’Hippiatrie Tibétaines: à partir des manuscrits de Touen-houang* (Genève: Librairie Droz, 1972). See also my “Central Asian Melange: Early Tibetan Medicine from Dunhuang,” in *Scribes, Texts, and Rituals in Early Tibet and Dunhuang*, ed. Brandon Dotson, Kazushi Iwao, and Tsuguhito Takeuchi (Wiesbaden: Reichert Verlag, 2013, 53–60), and my forthcoming book, *Medical Mélange: Ancient Tibetan Medicine from Dunhuang* (Leiden: Brill).

35 For Chinese influences in Tibetan art and medicine, see Figure 7.7 and Figure 4.1.

36 Pelliot tibétain 987 and Pelliot tibétain 988.

37 Marc Kalinowski, “Mantic Texts in Their Cultural Contexts,” in *Medieval Chinese Medicine: The Dunhuang Medical Manuscripts*, ed. Vivienne Lo and Christopher Cullen (London & New York: RoutledgeCurzon, 2005), 120–21.

38 The overview on the Chinese *shushu* texts here is based on *ibid.*, 109–33.

39 *Ibid.*, 121.

40 *Ibid.*, 123.

41 *Ibid.*, 123–27.

42 *Ibid.*, 120.

43 *Ibid.*, 126.

44 *Ibid.*

45 See Rolf Stein, “Tibetica

Antiqua VI: Maximes confucianistes dans deux manuscrits de Touen-houang," *BEFEO* 79, no. 1 (1992): 9–17. English translation in: *Rolf Stein's Tibetica Antiqua*, trans. and ed. Arthur P. McKeown (Leiden: Brill, 2010), 273–83.

46 Berthold Laufer, "Loan-Words in Tibetan," *T'oung Pao* 17 (1916): 404–552, at 509–11.

47 The rendering *khen* is according to Henning, *Kālacakra*, 167.

48 In the illustrations of the White Beryl we also have: *gon*. See Gyurme Dorje, *Divination Paintings*, 217.

49 See Géza Uray, "The Earliest Evidence of the Use of the Chinese Sexagenary Cycle in Tibetan," in *Tibetan and Buddhist Studies Commemorating the 200th Anniversary of the Birth of Alexander Csoma de Kőrös*, ed. Louis Ligeti (Budapest: Akadémiai Kiadó, 1984), ii, 354.

50 For an edition of this text, see Luo Bingfen et al., eds., *Tun hong nas thon pa'i bod kyi gso rig yig cha gces bsdus* (Pe cin: Mi rigs dpe skrun khang, 2002), 215–33. See also my "Central Asian Melange: Early Tibetan Medicine from Dunhuang."

51 (Line 1) *sngon 'phrul gyi myis | gcug la... gi (ge?) (gcug lag gi yi ge?) phyi rabs la dpe bzhang (?) pa'i gcug lag gya* (rgya?) *yog | stan (? rgya yig ste?)* (Line 2) *dbang btang che chung dang | lo srog mthun myi (mthun?) | bzang ngan du lta ba ||* This quote has been commented on by MacDonald, "Une lecture," 284 and by Rolf Stein, "Tibetica Antiqua VI: Confucian Maxims in Two Dunhuang Manuscripts," in *Rolf Stein's Tibetica Antiqua*, trans. and ed. Arthur P. McKeown, 273–335, at p. 276, note 3, and Uray, "Earliest Evidence." Similar categories of divination have been discussed by Uray, "Earliest Evidence," 358–59. Uray has pointed out that these categories come from Chinese divination.

52 Rolf Stein, "Tibetica Antiqua III: À propos du mot *gcug-lag* et de la religion indigène," *Bulletin de l'École française d'Extrême-Orient* LXXIV (1985), 83–133.

53 Rolf Stein, "Saint et divin, un

titre tibétain et chinois des rois tibétains," *Journal asiatique* 269 (1981): 231–75, at 269; Rolf Stein, "Tibetica Antiqua I: The Two Vocabularies of Indo-Tibetan and Sino-Tibetan Translations in the Dunhuang Manuscripts," in *Rolf Stein's Tibetica Antiqua*, trans. and ed. Arthur P. McKeown, 1–96, at pp. 41–42. ITJ 748 ends with the words: *cu yag gyi yi ge rdzogs sho* [s+sho]. I would like to thank Brandon Dotson for sharing his transliteration of this text with me. The more well-known later term in Tibetan for the *Yijing* is *spor thang* (or: *spor thang nag rtsis*). For a list of Tibetan sources dealing with the *Yijing* see: Dorje, *Divination Paintings*, 46.

54 MacDonald, "Une lecture," 284.

55 For a thorough overview of the cyclical vital force, see Barbara Gerke, *Long Lives and Untimely Deaths: Life-span Concepts and Longevity Practices among Tibetans in the Darjeeling Hills, India* (Leiden & Boston: Brill, 2012), particularly chapter 5, 137–65.

56 See Parfionovitch et al., *Plates*, Painting no. 12, 39–40. A slightly different cycle was described by Namkhai Norbu; see P. Cornu, *Tibetan Astrology*, 101.

57 Gerke, *Long Lives and Untimely Deaths*, chapter 5, 137–65.

58 Based on paleography. Sam van Schaik, personal communication.

59 Pelliot tibétain 1044, lines 53–54.

60 The following notes on the *renshen* in Chinese Dunhuang texts are based on Donald Harper, "Iatromancie," in *Divination et société dans la Chine médiévale: Études des manuscrits de Dunhuang de la Bibliothèque nationale de France et de la British Library*, ed. Marc Kalinowski (France: Bibliothèque nationale de France, 2003): 471–512; Donald Harper, "Dunhuang Iatromantic Manuscripts P.2856 R° and P.2675 V°," in Lo and Cullen, *Medieval Chinese Medicine*, 134–64; Alain Arrault, "Activités médicales et méthodes hémérologiques dans les

calendriers de Dunhuang du IXe au Xe siècle: esprit humain (renshen) et esprit du jour (riyou)," in Catherine Despeux ed., *Médecine, Religion et Société dans la Chine Médiévale: Étude de manuscrits chinois de Dunhuang et de Turfan*, ed. Catherine Despeux, vol. 1 (Paris: Collège de France, 2010), 285–332.

61 Marc Kalinowski, *Divination et société dans la Chine médiévale: Études des manuscrits de Dunhuang de la Bibliothèque nationale de France et de la British Library* (Paris: Bibliothèque nationale de France, 2003), 149.

62 Harper, "Dunhuang Iatromantic Manuscripts," 149–53.

63 Ibid., 149–50.

64 Ibid.

65 For a detailed analysis of the cosmic turtle image in Tibetan astrological contexts see Kelényi, "The Myth of the Cosmic Turtle."

66 See Siegbert Hummel, "The sMe-ba-dgu, the Magic Square of the Tibetans," *East and West* 19 (1969): 139–46, at pp. 143–44.

67 See Hukam Chand Patyal, "Tortoise in Mythology and Ritual," *East and West* 45 (1995), 97–108.

68 See Ronit Yoeli-Tlalim, "On Urine Analysis and Tibetan Medicine's Connections with the West," in *Studies of Medical Pluralism in Tibetan History and Society*, ed. Sienna Craig, Mingji Cuomu, Frances Garrett, and Mona Schrempf (Andia: International Institute for Tibetan and Buddhist Studies, 2010): 195–211.

69 Fernand Meyer, "Théorie et pratique de l'examen des pouls dans un chapitre du rGyud bzhi," in *Indo-Tibetan Studies: Papers in Honour and Appreciation of Professor David L. Snellgrove's Contribution to Indo-Tibetan Studies*, ed. T. Skorupski (Tring: The Institute of Buddhist Studies, 1990): 209–56.

70 Cf. Fernand Meyer, "The World in a Bowl of Urine," *European Bulletin of Himalayan Research*, no. 15–16 (1999), 34–35.

71 On *klu*-inflicted illnesses, see Ivette Vargas, "Legitimising Demon Diseases in Tibetan

Medicine: The Conjoining of Religion, Medicine, and Ecology," in Sienna Craig et al., *Studies of Medical Pluralism in Tibetan History and Society*, 379–404.

72 Usually one finds the term "infectious" in relation to the *gnyan*, a word I avoid here owing to its origin in Western medical paradigms.

73 Pulse analysis is discussed in the first chapter of the Subsequent Tantra of the *Gyushi* (see note 11 above). The calculations based on the seasonal pulses in relation to the five phases are discussed in the seventh topic of this chapter: *Bdud rtsi snying po yan lag brgyad pa gsang ba man ngag gi rgyud* (Lhasa, 2000), 561–563.

74 The following section is based on the descriptions of Paintings no. 54 and 55 in the *Medical Paintings*, Parfionovitch et al., *Plates*, 123–26 and 279–83.

75 Jampa Gyaltzen Dagton, *Tibetan Astronomy and Astrology: a Brief Introduction* (Dharamsala: Men Tsee Khang, 1998).

76 Edward Henning, *Kālacakra and the Tibetan Calendar* (New York: Columbia University Press, 2007), 11. I would like to thank Edward Henning for sharing his phenomenal knowledge with me.

77 Lobsang Dolma Khangar, *Lectures on Tibetan Medicine* (Dharamsala: Library of Tibetan Works and Archives, 1986), 15–17.

78 See chapter 3 in F.H. Colson, *The Week: an Essay on the Origin & Development of the Seven-Day Cycle* (Cambridge: Cambridge University Press, 1926) for an overview of this topic. The first century date refers to the pictorial image of the planetary week found in Pompeii. See David Parrish, "Imagery of the Gods of the Week in Roman Mosaics," *Antiquité Tardive* 2 (1994): 193–204.

79 *The Yavanajātaka of Sphujidhvaja*, ed., trans, and commented David Pingree, Vol. II (Cambridge, Mass.: Harvard University Press, 1978), 190.

80 See the illuminating E. Huber, "Termes persans dans l'astrologie bouddhique

chinoise," *Bulletin de l'École Française d'Extrême-orient* 6 (1906), 39–43.

81 Chavannes and P. Pelliot, *Un traité manichéen retrouvé en chine* (Paris: Imprimerie Nationale, 1913). A more common cycle of days in China was, however, the cycle of the ten trunks in association with the twelve branches. According to Needham, this was initially used as the cycle for days, and only later, during the first century, it was adopted also as a cycle of years. See Joseph Needham with Wang Ling, *Science and Civilisation in China, Vol. 3: Mathematics and the Sciences of the Heavens and the Earth* (Cambridge: Cambridge University Press, 1959), 396–98.

82 For a discussion about this see Gyurme Dorje, *Divination Paintings*, 21.

Vignette 1
Pages 105–109

1 Fieldwork for my doctoral thesis and this essay was carried out between 2008 and 2012. I would like to thank Theresia Hofer for her useful comments, and the astrologers and Kelsang-la at Men-Tsee-Khang, Dharamsala for their hospitality and help. Special thanks go to astrologer Lhawang Tsering for introducing me to Tibetan astrology in the first place.

2 Stephan Kloos, "History and development of Tibetan medicine in exile." *The Tibet Journal* (2008): 20.

3 I spent time at the astrology department at Men-Tsee-Khang as part of my fieldwork for my MA and PhD in social anthropology, in 2008 and in 2012 respectively.

4 The result of a successfully completed five-year astrology training program at Men-Tsee-Khang College in Dharamsala, is the degree of *Tsipā Kachupa* (rtsis pa bka' bcu pa), or "Master of Astrology." In addition to the astrological course, the Men-Tsee-Khang College is otherwise renowned for its Tibetan medical *Kachupa* degree-courses.

5 Mei Zhan, *Other-Worldly:*

Making Chinese Medicine through Transnational Frames (Durham, NC: Duke University Press, 2009).

6 See B. Gerke, *Long Lives and Untimely Deaths: Life-span Concepts and Longevity Practices among Tibetans in the Darjeeling Hills, India* (Leiden: Brill Academic Publishers, 2012).

7 Inger K. Vasstveit, "Lag av beskyttelse. En studie av folke-religiøs praksis blant tibetanere i India" [Layers of Protection: A study of folk religious practice in Tibetan Diaspora in India] (PhD diss., University of Oslo, 2009).

8 Tenzin Sherab and Tenzin Tsewang Jamling, *A Concise Introduction to Tibetan Astrology* (Dharamsala: Men-Tsee-Khang, 2012), 15–22.

9 Amulets produced at the astrology department fall in two broad categories: A "general" amulet and a specific amulet. The first one is an all-purpose and ready-made amulet that can be worn by anyone. It is also commonly placed in homes, cars or on motorbikes. When making specific amulets, the clients' day of birth and the specific reason why the amulet is needed is taken into account. Therefore, different from the general amulet, only the client herself should wear this amulet. Reasons for buying special amulets are often related to matters such as finding oneself in an obstacle year, wishing to promote good fortune (*rlung ta*), strengthen the life-force (*srog*), personal power (*dhang thang*), or health (*lus*).

10 Martin A. Mills, "Care and Cosmology in Lingshed," in *Identity, Ritual and State in Tibetan Buddhism: The Foundation of Authority in Gelukpa Monasticism* (London: RoutledgeCurzon, 2003), 167.

11 Ibid., 164–167.

12 "House" in an anthropological sense is an analytical concept where houses are seen as more than a physical structure. Claude Lévi-Strauss introduced the house as an analytical concept for social organization in kinship studies. See Claude Lévi-Strauss, "Social Organization of Kwakiutl," in *The Way of Masks*, translated

by Sylvia Modelski (London: Jonathan Cape, 1983), 163–87. Thereafter it has also been used as a holistic device for studies of processes of relatedness and belonging, see Janet Carsten and Stephen Hugh-Jones, *About the House: Lévi-Strauss and Beyond* (Cambridge: Cambridge University Press, 1995). On the "House" as an analytical concept for social organization in Tsang, Central Tibet, see Heidi Fjeld, "The Rise of the Polyandrous House: Marriage, Kinship and Social Mobility in Rural Tsang, Tibet" (PhD diss., University of Oslo, 2007), 287–300 on ritual protection of Tibetan houses.

13 Geoff Childs and Michael Walters, "Tibetan Natal Horoscopes," in *The Tibet Journal* 25, no. 1 (2000): 51–62.

14 This interview took place in May 2008.

15 Barbara Gerke, chapter 1, this volume, from p. 33 and onward.

Chapter 6

Pages 110–125

1 Mei Zhan, *Other-Worldly: Making Chinese Medicine through Transnational Frames* (Durham, NC: Duke University Press, 2009). Zhan uses the term "worlding" to discuss the ways Tibetan medicine moves through the world.

2 Stephan Kloos, "Tibetan Medicine in Exile: The Ethics, Politics and Science of Cultural Survival" (PhD diss., University of California–Berkeley, Dept. of Anthropology, 2010); Martin Saxer, "Manufacturing Tibetan Medicine: The Creation of an Industry and the Moral Economy of Tibetanness" (New York and Oxford: Berghahn, 2013).

3 Among other sources, Martin Saxer's scholarship on Tibetan medicine — including his film *Journeys with Tibetan Medicine* and his work on the Tibetan medical industry in China — make this point very clearly.

4 Portions of this chapter appear in slightly altered form in Sienna Craig, *Healing Elements: Efficacy and the Social Ecologies of Tibetan Medicine* (Berkeley:

University of California Press, 2012).

5 Theresia Hofer, *The Inheritance of Change: Transmission and Practice of Tibetan Medicine in Ngamring* (Vienna: Wiener Studien zur Tibetologie und Buddhismuskunde, 2012).

6 Mona Schrempf, "Between Mantra and Syringe: Healing and Health Seeking Behavior in Contemporary Amdo," in *Medicine between Science and Religion: Explorations on Tibetan Grounds*, ed. Vincanne Adams, Mona Schrempf, and Sienna Craig (London: Berghahn Books, 2010), 157–84; S. van der Geest and S. Whyte, eds., *The Context of Medicines in Developing Countries* (Dordrecht: Kluwer Academic Publishers, 1988); Theresia Hofer, "'Essential Drugs?' On the Uses of Antibiotics in Rural Tibet," Paper presented at Beyond the Magic Bullet: Reframing History of Antibiotics, University of Oslo, March 2011; A. Reeler, "Injections: A Fatal Attraction?" *Social Science and Medicine* 31, no. 10 (1990): 1119–25; H. V. Wyatt, "The Popularity of Injections in the Third World: Origins and Consequences for Poliomyelitis," *Social Science and Medicine* 19 (1984): 911–15.

7 Comparatively most American general practitioners allocate fifteen minutes per patient visit.

8 See Barbara Gerke, *Long Lives and Untimely Deaths: Life-span Concepts and Longevity Practices among Tibetans in the Darjeeling Hills, India* (Leiden: Brill Academic Publishers, 2012); Geoffrey Samuel, "Religion, Health, and Suffering among Contemporary Tibetans," in *Religion, Health, and Suffering*, ed. J. Hinnell and R. Porter (London: Kegan Paul International, 1999); Ibid., "Tibetan Medicine and Biomedicine: Epistemological Conflicts, Practical Solutions," *Asian Medicine: Tradition and Modernity* 2, no. 1 (2006): 72–85.

9 See Vincanne Adams and Fei Fei Li, "Integration or Erasure: Modernization at the Mentsikhang," in *Tibetan Medicine in the Contemporary World: Global Politics of Medical*

Knowledge and Practice, ed. Laurent Pordié (London: Routledge, 2008): 105–31.

10 In China one often hears *tangmen*, which is a combination of the Chinese word for "party," as in Communist Party, and the Tibetan word for "medicine." In Nepal *rongmen* is heard; *rong* connotes lowland Nepalis.

11 The Charlottesville interviews were conducted with research assistance from Rinchen Dorje while Tashi Wangmo conducted the Washington, DC interviews. I developed the interview schedules, worked with these research assistants to pilot and refine the questions, and coded all of the data.

12 See the work of Theresia Hofer, Mona Schrempf, Audrey Prost, and Florian Besch for good examples of such dynamics.

13 See Stephan Kloos, "Good Medicines, Bad Hearts: The Social Role of the Amchi in a Buddhist Dard Community," in *Healing at the Periphery: Ethnographies of Tibetan Medicine in India*, ed. Laurent Pordié (Durham, NC: Duke University Press, 2012).

14 See Vincanne Adams, Mona Schrempf, and Sienna Craig, "A gso ba rig pa Sensibility," in *Medicine between Science and Religion: Explorations on Tibetan Grounds* (London: Berghahn Books, 2010): 1–30.

15 This includes Pasang Yontan Arya's multiyear Tibetan medicine course geared toward European students and based in Milan, Italy, and now inclusive of an online component with three different levels of possible study and engagement; introductory programs in Tibetan medicine offered through Rokpa International, based at Samyeling Monastery in Scotland; and occasional introductory teachings in Tibetan medicine offered through lecture and clinical tours by Tibetan physicians from China and India; and events such as the one described below.

16 See www.nationalhealthfreedom.org/reports/groups.htm for a list of those states that have passed legislation for

unlicensed practitioners of alternative therapies to work within specific guidelines outlined by their respective states.

17 Vincanne Adams, "Randomized Controlled Crime: Postcolonial Sciences in Alternative Medicine Research," *Social Studies of Science* 32, no. 5–6 (2002): 959–90.

18 Fees for the new online version of the course are sixty percent of the Conway-based course.

19 See Cynthia Husted and Lobsang Dhondup, "Tibetan Medical Interpretation of Myelin and Multiple Sclerosis," *Annals of the New York Academy of Sciences* (2007).

20 See Sienna Craig, "A Crisis of Confidence: A Comparison between Tibetan Medical Education in Nepal and Tibet," in *Soundings in Tibetan Medicine: Anthropological and Historical Perspectives*, ed. Mona Schrempf (Leiden: Brill, 2007), 127–54; Sienna Craig, "Place and Professionalisation: Navigating Amchi Identity in Nepal," in *Exploring Tibetan Medicine in the Contemporary Context*, ed. Laurent Pordié (London: Routledge, 2008), 62–90; Sienna Craig, *Healing Elements: Efficacy and the Social Ecologies of Tibetan Medicine*. Berkeley: University of California Press, 2012.

21 See chapter 3 of my book *Healing Elements: Efficacy and the Social Ecologies of Tibetan Medicine* (Berkeley: University of California Press, 2002) for a more in-depth discussion of these issues.

22 See M. A. Chaoul, "Re-integrating the Dharmic Perspective in Bio-Behavioural Research of a Tibetan Yoga Intervention (tsalung trūkhor) for People with Cancer," in *Medicine between Science and Religion: Explorations on Tibetan Grounds* (London: Berghahn Books, 2010), 297–318; Barbara Gerke, *Long Lives and Untimely Deaths*.

23 Yao Yi, "Modern Medicines to Make Use of Tibetan Traditions," *China Daily*, September 23, 2003, accessed November 4, 2011, www.chinadaily.com.cn/en/doc/2003-09/23/content_266435.htm.

24 Martin Saxer's forthcoming book *Manufacturing Tibetan Medicine: The Creation of an Industry and the Moral Economy of Tibetanness* includes a discussion of knowledge and intellectual property as it relates to patents, "precious pills," "old" and "new" formulas, and randomized controlled trials.

25 Daniel Winkler, "Caterpillar Fungus Production and Sustainability on the Tibetan Plateau and in the Himalayas," *Asian Medicine: Tradition and Modernity* 5, no.2 (2011): 291–316.

26 See Carole McGranahan and Ralph Litzinger, "Self-Immolation as Protest in Tibet," *Cultural Anthropology*, April 9, 2012, <http://www.culanth.org/?q=node/526>.

27 Michael Taussig, *The Devil and Commodity Fetishism in South America* (Durham, NC: University of North Carolina Press, 1983).

Chapter 7

Pages 128–153

1 On this analogy, see, e.g., Terry Clifford, *Tibetan Buddhist Medicine and Psychiatry: The Diamond Healing* (Wellingborough, Northamptonshire, UK: The Aquarian Press, 1984), 13–33; and Raoul Birnbaum, *The Healing Buddha* (Boston: Shambhala, 1979), 3–17.

2 Here, it is appropriate to explain this identification of *vaidūrya* as beryl. The Greek *βηρυλλος* (*berullos*), from which "beryl" derives, is cognate with the Prakrit *veruliya*, the Pali *veḷuriya*, and the Sanskrit *vaidūrya*. This observation was brought to my attention by Marianne Winder, while editing her catalogue of Tibetan manuscripts and paintings at the Wellcome Institute for the History of Medicine in 1983. However, the identification has long been recognized by eminent Sanskrit lexicographers, such as Monier Williams, and Indologists, such as Sten Konow.

3 Sangye Gyatso, *gSo ba rig pa'i bstan bcos sman bla'i*

dgongs rgyan rgyud bzhi'i gsal byed [*baidūrya sngon po* ['i mallikā] (*Treatise on Medicine, A Lamp of Blue Beryl Clarifying the Four Tantras which Adorn the Enlightened Intention of Bhaiṣajyaguru*); short title: *Baidūrya sngon po*, vol. 1 (Lhasa: Bod ljongs mi rigs dpe skrun khang, 1982), 7.

4 Gawei Dorje, in his entry on *vaidūrya* in *'Khrungs dpe dri med shel gyi me long* [*Immaculate Crystal Mirror of (Materia Medica) Illustrations*] (Beijing: Mi rigs dpe skrun khang, 1995), an extensive modern work on Tibetan *materia medica*, cites on pages 27–29 extant authoritative Tibetan descriptions of *vaidūrya* and then correctly lists aquamarine chrysoberyl (Ch. *lan jing mao yan*) as a possible identification, although he appears to be unaware of the etymological connection. He also includes under the identifications of *vaidūrya* the probably unrelated "star sapphire," which is a type of *indranila* exhibiting asterisms. The more opaque lapis lazuli and lagurium are correctly identified as *mu men* in Tibetan *materia medica*. One should not dismiss the possibility that pigments derived from lapis lazuli may at one time or another have been used as a substitute for *vaidūrya*, which is considered rare in Tibet. However, I have seen no evidence of this in Tibet, not even in the prestigious murals of the portico of the Tsongkhapa Temple at Sengezhong Magotsang in Repkong, where pigments derived from both beryl and lapis have been employed. Virtually all the blue pigments traditionally utilized by Tibetan artists are extracted from azurite or indigo. Moreover, it is almost impossible to produce a dark blue color using ground lapis lazuli. As Robert Beer has observed (e-mail communication, February 9, 2012), "minimal grinding of lapis lazuli produces a pale sky-blue which bears little resemblance to the deep blue stone from which it was ground, and the more finely the pigment is ground the lighter it becomes." Green beryl (emerald) is separately identified in Tibetan

materia medica as *margad*, corresponding to the Sanskrit *markata*.

5 *sMan mdo brgyad brgya pa zhes bya ba theg pa chen po mdo*. The formal title of this text is *Āryasaptatathāgata-pūrvapraṇidhānaviśeṣavistāra-nāma-mahāyānasūtra*. 'Phags pa de bzhin gshegs pa bdun gyi sngon gyi smon lam gyi khyad par rgyas pa zhes bya ba theg pa chen po'i mdo [*Sublime Sūtra Concerning the Particularly Extensive Former Aspirations of the Seven Tathāgatas*]. The text has been translated into English from Yijing's eighth-century Chinese translation in Birnbaum, *The Healing Buddha*, 173–217.

6 The title of this text is *Āryabhagavato bhaiṣajyaguru-vaidūryaprabhasyapūrvapraṇidhānaviśeṣavistāra-nāma-mahāyānasūtra* ('*Phags pa bcom ldan 'das sman gyi bla bai dūrya'i 'od kyi sngon gyi smon lam gyi khyad par rgyas pa zhes bya ba theg pa chen po'i mdo*). This discourse has been translated into English from Xuang Zang's seventh-century Chinese translation in Birnbaum, *The Healing Buddha*, 151–72, and also in Hsing Yun, *Sūtra of the Medicine Buddha: With an Introduction, Comments and Prayers* (Hacienda Heights, CA: Buddha's Light Publishing, 2002), 15–36.

7 Although Chinese sources emphasize the importance of Discourse B (Toh. 504) which is entirely devoted to the aspirations of Bhaiṣajyaguru, Tibetan works, including Tāranātha's *Rin 'byung brgya rtsa*, give precedence to Discourse A (Toh. 503), since it portrays the entire assembly of the buddhas of medicine.

8 Birnbaum, *The Healing Buddha*, 224–27, lists twenty-five discourses in Chinese translation where there are references to the sibling bodhisattvas Bhaiṣajyarāja or Bhaiṣajyasamudgata. He also cites references in the *Lotus Sūtra* (25ff) where they appear as auditors, interlocutors, or expositors. See also, e.g., Bunno Kato, Yoshiro Tamura, and Kojiro Miyasaka, trans., *The Threefold Lotus Sūtra*

(Tokyo: Kosei Publishing, 1975), 303–411.

9 Research on this reliquary casket is summarized in Birnbaum, *The Healing Buddha*, 74 n. 21. See also Charles Willemen, "Bhaiṣajyaguru, The Medicine Buddha," in *Oriental Medicine: An Illustrated Guide to the Asian Arts of Healing*, ed. Jan van Alphen and Anthony Aris (London: Serindia Publications, 1995), 263.

10 Birnbaum, *The Healing Buddha*, 57–59. The most complete of these Sanskrit manuscripts, which includes elements of both the discourses, is edited in N. Dutt, *The Gilgit Manuscripts*, vol. 1 (Shrinagar: Shreenagar Kashmir, 1939), 1–32. This is preceded by a brief introduction in English, where, on pp. 47–58, Dutt claims that Discourse B is a popular extract from the last part of Discourse A, concurring with the Tibetan view that gives precedence to Discourse A.

11 See also the concise summary of this narrative in Gyurme Chokyi Dorje, ed., *Bod brgyud nang bstan lha tshogs chen mo* [*Great Anthology of Tibetan Buddhist Iconography*] (Xining: Qinghai Ethnic Publishing House, 2001), 769.

12 Gyurme Dorje, "Zhakabpa's Inventory to the Great Temple of Lhasa," in *Jokhang: Tibet's Most Sacred Buddhist Temple*, ed. Gyurme Dorje, Tashi Tsering, Heather Stoddard, and André Alexander (London: Thames and Hudson, 2010), 67 (no. 11), 75 (no. 41), 76 (no. 48), and 83 (no. 85).

13 This has been published in Huang Ti, ed., *Bod kyi thang kha* [*Painted Scrolls of Tibet*] (Beijing: Rig dngos dpe skrun khang, 1985), 129.

14 Gyurme Dorje, *Tibet Handbook*, 4th ed. (Bath: Footprint, 2009), 105, 116–17, 123–24, 136.

15 See Martin Willson and Martin Brauen, *Deities of Tibetan Buddhism* (Boston: Wisdom Publications, 2000), 249–50.

16 Ibid., 185–87.

17 Per Sørensen and Guntram Hazod, *Thundering Falcon: An Inquiry into the History and Cult of Khra'brug, Tibet's First*

Buddhist Temple (Vienna: Österreichische Akademie der Wissenschaften, 2005), and Dorje, *Tibet Handbook*, 204–25, 233, 237.

18 Roberto Vitali, *Early Temples of Central Tibet* (London: Serindia, 1990), 128.

19 Dorje, *Tibet Handbook*, 326, 329, 384.

20 Ibid., 440, 444–45.

21 Ibid., 460, and Andreas Gruschke, *The Cultural Monuments of Tibet's Outer Provinces: Kham*, vol. 1 (Bangkok: White Lotus, 2004), 163 n.21.

22 Dorje, *Tibet Handbook*, 517–18.

23 Ibid., 554, 560, 592, 639.

24 Ibid., 675–76, 693, 799.

25 Ibid., 739, 749, 759.

26 Ibid., 769–70, 772–73.

27 This icon is illustrated in David Weldon and Jane Casey Singer, *The Sculptural Heritage of Tibet* (London: Laurence King Publishing, 1999), 66, and found at the University of Virginia, Himalayan Archive Resource, HAR 68435.

28 HAR 71782.

29 The best exemplars are perhaps to be found in Amdo, such as in the Phurba Lhakhang of Tarthang Monastery. See Dorje, *Tibet Handbook*, 765.

30 A detailed study of the mural and portable representations of Bhaiṣajyaguru in the Chinese art of Dunhuang can be found in Yen Chih-hung, "Bhaiṣajyaguru at Dunhuang" (PhD diss., School of Oriental and African Studies, University of London, 1998). This work covers the entire period from the sixth-century Sui dynasty to the fall of the Tangut Xixia dynasty in 1227. Specifically, on pages 162–69, the author discusses this particular silk painting, which was executed in 836, some twelve years before Zhang Yichao ended the Tibetan occupation of Dunhuang.

31 Yen, "Bhaiṣajyaguru at Dunhuang," 51 n. 81, differentiates the Chinese sources that describe Bhaiṣajyaguru as golden yellow and blue beryl.

32 On the depictions and functionality of the bodhisattva attendants Sūryaprabha and Candraprabha, see *ibid.*, 53–69.

- 33 Heather Stoddard, *Early Sino-Tibetan Art* (Warminster: Aris and Phillips, 1975), 12.
- 34 The inscriptions have been photographed in infrared and analyzed by Heather Stoddard. For an online illustration and description of this painting, see also http://www.britishmuseum.org/research/search_the_collection_database/search_object_details.aspx?objectId=6581&partid=1&searchText=Tibetan+medicine&fromADBC=ad&toADBC=ad&numPages=10&orig=%2fsearch_the_collection_database.aspx¤tPage=1.
- 35 Pratapaditya Pal, ed., *Himalaya: An Aesthetic Adventure* (Chicago: Art Institute of Chicago, 2004), 124.
- 36 See especially the illustrations of Shalu murals in Vitali, *Early Temples of Central Tibet*, 104–5.
- 37 The online catalogue at the Tibetan Buddhist Resource Center (www.tbrc.org) currently lists ten titles under *sman bla mched bdun*, three under *sman bla bde gshegs brgyad*, and sixteen under *sangs rgyas sman bla*. Several of these works, representative of all schools of Tibetan Buddhism, can be found in the recent anthology entitled *sMan bla'i mdo dang mdo chog phyogs sgrig rin chen sgron me bzugs so* [*Discourse of the Buddhas of Medicine with an Anthology of Rites Pertaining to the Buddhas of Medicine, entitled Jewel Lamp*] (Beijing: Krung go'i bod rigs dpe skrun khang, 2007).
- 38 *De bzhin gshegs pa bdun gyi sngon gyi smon lam gyi khyad par rgyas pa'i gzungs bklag pa'i cho ga mdo sde las btus pa* (Kangyur, sDe dge, *rgyud*, vol. *pu*, ff. 275a–295b, Toh. 3133; also *dPe bsdur ma*, vol. 38, pp. 863–913).
- 39 The related texts are Śāntarakṣita's *De bzhin gshegs pa bdun gyi sngon gyi smon lam gyi khyad par rgyas pa'i mdo'i man ngag*, Toh. 3132 [*Esoteric Instructions on the Discourse of the Particularly Extensive Former Aspirations of the Seven Sugatas*] and his *De bzhin gshegs pa bdun gyi sngon gyi smon lam gyi khyad par rgyas pa'i mdo sde bklag cing* (7) to resolve disputations and quarrels; and (8) to offer safe havens to imperiled voyagers. See Kangyur, *dPe bsdur ma*, vol. 87, 747.15–751.4. 'Phags pa *de bzhin gshegs pa bdun gyi sngon gyi smon lam gyi khyad par rgyas pa zhes bya ba theg pa chen po'i mdo* Skt. *Āryasaptatathāgatapūrvapranidhānaviśeṣavistāra-nāma-mahāyānasūtra* Sublime Sūtra Concerning the Particularly Extensive Former Aspirations of the Seven Tathāgatas Translated by the Indian scholars Jinamitra, Dānaśīla, Śīlendrabodhi and the translator Yeshe Kanjur, sDe dge, *rgyud 'bum*, vol. Da, ff. 248b–273b, Toh. 503 Kanjur *dPe bsdur ma*, vol. 87, 743–802
- 48 The eight former aspirations of Ratnacandrārāja are: (1) to offer sustenance to farmers and merchants who seek emancipation by renouncing their ways of life; (2) to cause those tormented by physical and mental anguish to be reborn in higher realms; (3) to remove the sufferings associated with pregnancy and enable women to be reborn as men; (4) to deliver sentient beings and their relatives or friends from fear of assault by brigands; (5) to shed light on those who work in darkness; (6) to increase the discernment of those who spurn the practice of the sacred doctrine; (7) to bring pious attendants and hermit buddhas into the Great Vehicle; and (8) to offer sanctuary to those engulfed by the sufferings of the degenerate age. See Kangyur, *dPe bsdur ma*, vol. 87, 752.8–56.12.
- 49 The four former aspirations of Suvarṇabhadravimalaprabhāsa are: (1) to mitigate the negative past actions of butchers and those who have consequently endured the hells or human torments; (2) to mitigate the past actions of thieves and provide them with resources; (3) to imbue abusive persons with loving kindness; and (4) to restore the lapsed ethical discipline of those who would succumb to the three poisons. See Kangyur, *dPe bsdur ma*, vol. 87, 758.18–760.16.
- 50 The four former aspirations of Aśokottoma are: (1) to eliminate grief and misery afflicting sentient beings; (2) to release all those suffering in the hells into higher rebirths; (3) to offer resources and friendship to those afflicted due to their past actions of killing, stealing, lying and sexual misconduct; and (4) to offer release to sentient beings who are assailed by harmful demons. See Kangyur, *dPe bsdur ma*, vol. 87, 764.1–765.20.
- 51 The four former aspirations of Dharmakīrtisāgaraghoṣa are: (1) to bring those cut off from the sacred doctrine into the fold; (2) to bring good associates to those who are isolated from the sacred doctrine in frontier lands; (3) to offer resources to those who need them without generating further negativity; and (4) to imbue assailants and disputants with loving kindness. See Kangyur, *dPe bsdur ma*, vol. 87, pp. 767.18–769.20.
- 52 The four former aspirations of Abhijñārāja are: (1) to offer necessities to those who have injured others through agriculture or through fighting in battle; (2) to lead those who have committed the ten non-virtuous actions toward the ten virtuous actions; (3) to release sentient beings from servitude and torture; and (4) to convert those who oppose the Buddhist teachings in favour of disparate wrong views. See Kangyur, *dPe bsdur ma*, vol. 87, 770.20–772.13.
- 53 Tāranātha's *Yi dam rgya mtsho'i sgrub thabs rin 'byung rgya rtas* [*Precious Origin: Means for Attainment of Hundreds of Meditational Deities*] and Jamyang Loter Wangpo's *rGyud sde kun btus* [*Compendium of All the Tantras*] are mentioned below and referenced in the bibliography.
- 54 Kangyur, *dPe bsdur ma*, vol. 38, 867–868. For the translation of these verses of invitation, see Appendix One.
- 55 Ibid., 889.26–893.8. These twelve aspirations are also found in both discourses A and B. There is an English translation of the twelve aspirations of Bhaiṣajyaguru in Birnbaum, *The Healing Buddha*, 192–94, and a commentary in Khenchen Thrangu Rinpoche, *Medicine Buddha Teachings* (Ithaca, NY: Snow Lion Publications, 2004).
- 56 It would be too simplistic to dismiss this comment as misogynistic in the light of our contemporary understanding, when the compassionate intent of the aspiration is that sentient beings might avoid the acute sufferings associated with recurring childbirth in a hazardous environment. There are several biographical accounts of highly revered female Buddhist practitioners in the Tibetan world, as recounted for example in Gyalwa Changchub and Namkhai Nyingpo, *Lady of the Lotus-Born: The Life and Enlightenment of Yeshe Tsogyal*, trans. Padmakara Translation Committee (Boston: Shambhala, 2002); Sarah Harding, *Machik's Complete Explanation* (Ithaca, NY: Snow Lion Publications, 2003); and Tsultrim Allione, *Women of Wisdom* (London: Routledge & Kegan Paul, 1984). These and other gender-related issues are discussed in Janet Gyatso and Hanna Havnevik, eds., *Women in Tibet* (London: Hurst and Co., 2005).
- 57 Cf. the formulation of the twelve aspirations found in Discourse A (Kangyur, *dPe bsdur ma*, vol. 87, 770–78), and also the aforementioned English translation of this passage in Birnbaum, *The Healing Buddha*, 192–94.
- 58 See Appendix 7.1.
- 59 *Sarvakarmāvaraṇaviśuddhak aravidhisādhana* (*Las kyi sgrib pa thams cad rnam par dag par byed pa'i cho ga zhes bya ba sman bla'i grub thabs*). This means for attainment is contained in the compilation entitled *sMan bla'i mdo dang mdo chog phyogs sgrig rin chen sgron me bzugs so* [*Discourse of the Buddhas of Medicine with an Anthology of Rites Pertaining to the Buddhas of Medicine, entitled Jewel Lamp*]. Mes po'i shul bzhaḡ, ed. Dpal brtsegs bod yig dpe snying zhib'jug khang (Beijing: Krung go'i bod rigs dpe skrun khang, 2007), 182–83. Another

short means for attainment can be found in Khenchen Thrangu Rinpoche, *Medicine Buddha Teachings* (Ithaca, NY: Snow Lion Publications, 2004), 193ff.

60 Desi Sangye Gyatso in his *Blue Beryl* (ch. 1, 9–11) locates Bhaishajyavana in Oḍḍiyāna, a Buddhist enclave to the north-west of the Indian subcontinent, which has been identified with the Swat Valley, on the basis of an extensive description in Tibetan by Orgyan Rinchenpel (1230–1309). This region appears to have had long associations with the dissemination of tantra texts. See also Yuri Parfionovitch, Gyurme Dorje and Fernand Meyer, eds., *Tibetan Medical Paintings: Illustrations to the “Blue Beryl” Treatise of Sangye Gyamtso (1653–1705)* (London: Serindia; New York: Harry N. Abrams, 1992), 17–18. At the same time, Sangye Gyatso also acknowledges other views, which hold Bhaishajyavana to be a non-human, divine realm, whether Akaṇiṣṭha or Trayatrimśa, and it has also been equated with Abhirati, the eastern paradise of Akṣobhya Buddha.

61 See Parfionovitch, Dorje, and Meyer, eds., *Tibetan Medical Paintings*, 14, and also 18 and 20, where the five hermit sages are depicted in the upper cartouches of plates 1 and 2.

62 For an account of this revelation by Drapa Ngonshe, see Dudjom Rinpoche, *The Nyingma School of Tibetan Buddhism: Its Fundamentals and History*, trans. and ed. Gyurme Dorje and Matthew Kapstein (Boston: Wisdom Publications), 1991, 753–54, and for depictions and listings of the early lineage holders, see Parfionovitch, Dorje and Meyer, eds., *Tibetan Medical Paintings*, 3–15.

63 In his introduction to *Gso rig ‘bum bzhi’i ‘go brjod* [*Four Collections of Medical Science*] (Beijing: Mi rigs dpe skrun khang, 2005), 8–11, Thubten Phuntsog cites a passage from the *Biography of Yuthog the Younger*, in which it is said that in his twelfth year Yuthogpa received the *Four Tantras* in their entirety from Rokton Konchok

Kyab, and that he then edited the text and inserted his own annotations in gold and copper. On this basis it is argued that Yuthogpa cannot be the original author. Yang Ga, in the present volume, also draws connections between the content of the *Four Tantras* and other extant medical manuscripts representing works that are said to have originated in or reached Tibet during the imperial period (eighth to ninth century). Then, notwithstanding, he attributes the authorship of the *Four Tantras* to Yuthogpa the Younger, on the grounds that certain sections of the *Four Tantras* are reminiscent of other treatises composed by Yuthogpa and, equally, of the renowned Sanskrit treatises of Vāgbhaṭa and Candranandana, which did not reach Tibet until the eleventh century.

64 Ibid., 9.

65 See Kapstein, *The Tibetans*, 66–73.

66 Thubten Phuntsog, *Gso rig ‘bum bzhi’i ‘go brjod*, 3–8, observes that the content of *Thugs’bum mkha’ sngon* [*Sky Blue Collection of Mind*] may be compared to the *Root Tantra*, *sDug bsngal zhi byed gso bya’i sman’bum dkar po* [*White Collection of Medicines for Patients Which Alleviate Suffering*] to the *Final Tantra*, *sDug bsngal zhi byed dpyad’bum khra bo* [*Variegated Collection of Treatments Which Alleviate Suffering*] to the *Explanatory Tantra*, and *sDug bsnga l zhi byed gso byed nad’bum nag po* [*Black Collection of Pathological Conditions Which Alleviates and Cures Suffering*] to the *Instructional Tantra*.

67 These works by Nāgārjuna, Vāgbhaṭa, and Candranandana are contained in the five volumes forming the gSo rig section of the Kangyur (sDe dge, vols. He-Go, Toh. 4306–4312).

68 Learned Tibetan physicians have continued to write commentaries on the *Four Tantras* of *Dratang* — the most recent being Khenpo Troru Tsenam’s six-volume exegesis with illustrations, entitled *Drang srong zhal lung*.

69 Thubten Phuntsog, *Gso*

rig ‘bum bzhi’i ‘go brjod, 5.

Yang Ga in the present volume (chapter 2), outlines divergent standpoints held by those who maintained the canonicity of the *Four Tantras*, others who attributed their authorship to either Yuthog Yonten Gonpo the Elder or Yuthog Yonten Gonpo the Younger, and yet others who saw no contradiction in holding both positions.

70 See Parfionovitch, Dorje and Meyer, eds., *Tibetan Medical Paintings*, 89–90.

71 Desi Sangye Gyatso, *Exegetical Tantra*, chap. 31 in *Blue Beryl*, vol. 1 (1982), pp. 394, 8ff.

72 This description of Sudarśana follows Parfionovitch, Dorje and Meyer, eds., *Tibetan Medical Paintings*, 17–18.

73 See pp. 149–152.

74 Cf. Desi Sangye Gyatso, chap. 1 in *Blue Beryl*, vol. 1 (1982), 12–16.

75 For a full listing of these thirty retainers, see Parfionovitch, Dorje and Meyer, eds., *Tibetan Medical Paintings*, 173–74.

76 Desi Sangye Gyatso, chap. 31 in *Blue Beryl*, vol. 1 (1982), 398.

77 Ibid. 398–99.

78 These originate from diverse dissonant mental states in the following manner: The root of envy, namely desire, gives rise to diseases of serum, wind, and the onset of female demons. Hatred, resulting from pride, gives rise to diseases of blood and bile, and the onset of male demons. Delusion causes diseases of phlegm and the onset of neuter demons, *nāga* spirits, and protectors who are local deities or geomantic lords of the soil (*sa bdag*).

79 Desi Sangye Gyatso, chap. 31 in *Blue Beryl*, vol. 1 (1982), 400.

80 The commentary following the mantra syllables is found in *ibid*.

81 Ibid., 401.

82 Held in a private collection in Belgium, this statue of Orgyen Menla is illustrated in Alphen and Aris, eds., *Oriental Medicine*, 140.

83 Held at the University of Virginia Art Museum, this is identified as a gift of the Catherine and Ralph Benkaim Collection, 2003.6.

84 This short means for attainment is contained in his *Collected Works*, vol. 10, 398.

85 This painting and its reverse side which typically carries inscribed prayers dedicated to the buddhas of medicine, is illustrated and documented in Pal, *Himalaya*, 125.

86 This is one of six depictions of the buddhas of medicine at the Musée Guimet and documented in Gilles Béguin, *Les Peintures du Bouddhisme Tibétaine* (Paris: Éditions de la Réunion des musées nationaux, 1995), 113–16. See also Alphen and Aris, eds., *Oriental Medicine*, 260.

87 This is HAR 68869, privately owned, which has been documented by David Jackson in *The Nepalese Legacy in Tibetan Painting* (New York: Rubin Museum of Art, 2010), 145–46.

88 Thar-tse Khenpo Sonam Gyatso, et al., *The Ngor Collection* (Tokyo: Kodansha, 1983), 3–4.

89 See Gennady Leonov, “The Mandala of Bhaishajyaguru,” in *Wisdom and Compassion: The Sacred Art of Tibet*, Marilyn Rhie and Robert Thurman (London: Thames and Hudson, 1996), 338–40.

90 Burnt-offerings rites are performed to bring about pacification, enrichment, subjugation, or wrathful destruction in a ritual context, consequent on successful application of the generation stage of meditation. See, e.g., Gyurme Dorje, “The Guhyagarbhatantra and its XIVth Century Tibetan Commentary” (PhD diss., University of London, School of Oriental and African Studies, 1987), 783–86; also Tadeusz Skorupski, “Tibetan Homa Rites,” in Frits Staal, *Agni: The Vedic Ritual of the Fire Altar* (Berkeley: Asian Humanities Press, 1983), 403–17.

91 *Āsvottamalīla* (*kho bo’i rgyal po rta mchog rol*) is depicted in the upper cartouche of plate 12 (fig. B) in Parfionovitch, Dorje, and Meyer, eds., *Tibetan Medical Paintings*, 40, 196.

92 See, e.g., Gyurme Chokyi Dorje, *Bod brgyud nang bstan lha tshogs chen mo*, 762.

93 The full cycle of *gYu thog snying thig* [*Innermost Spirituality*

of *Yuthogpa*] was republished in a modern format by Beijing mi rigs dpe skrun khang in the Repkong sNgags mang dpe tshogs series in 2005. For an analysis of the content of this publication, see also Frances Garrett, “The Alchemy of Accomplishing Medicine (*sman sgrub*): Situating the Yuthog Heart Essence (*G.yu thog snying thig*) in Literature and History,” in *The Journal of Indian Philosophy* 37 (2009): 221–24.

94 *dBang chog bdud rtsi’i chu rgyun*, contained in *gYu thog snying thig*, 101–34.

95 Ibid., 101–17.

96 Parfionovitch, Dorje, and Meyer, eds., *Tibetan Medical Paintings*, 89–90, 243–44.

97 Ibid., 243, following Desi Sangye Gyatso, chap. 31 in *Blue Beryl*, vol. 1 (1982), lists twelve similes identifying charlatan physicians, starting with the “physician without an authentic lineage who resembles a fox seizing a king’s throne or a lion’s kingdom.” This is followed by a summary of the ordinary actions of a bona fide doctor, which include acquiring the correct instruments and medicines, the ability to proclaim a correct diagnosis in public, and skill in prevarication when the nature of a disease has not been determined. In addition, physicians are exhorted to “abide meditatively in the disposition of the four immeasurable aspirations, namely, benevolence, compassion, empathetic joy and equanimity. They should abandon insane behavior, nonsensical verbosity, and non-virtuous actions, while practicing the six transcendent perfections. As a result, they will enjoy good fortune in this life and gradually achieve enlightenment in a future life, on the unsurpassed buddha level.”

Chapter 8 Pages 154–177

1 Sumton Yeshe Sung (Sum ston Ye shes gzungs), “Brgyud pa’ rnam thar med thabs med pa,” in *G.yu thog cha lag bco brgyad* [A corpus of Tibetan Medical

Teaching attributed to G.yu thog the Physician, reproduced from a set of prints from the 17th century Lhasa Zhol blocks], vol. 2, (Dolanji: Tibetan Bonpo Monastic Centre, 1976), 133–42.

2 According to biographies of Yuthog the Elder and the Younger by Jowo Lundrup Tashi and Darma Menrampa Lozang Chodrag, Yuthog the Elder was a royal physician for the Tibetan emperor Trisong Detsen in the eighth century. Yuthog the Younger was 12th century famous Tibetan physician, who was the reincarnation and direct descendant of Yuthog the Elder. I will call Yuthog the Younger as Yuthog Yonten Gonpo in this article.

3 Ibid., fols. 2r–2v.

4 Ibid., fol. 3r.

5 Ibid., fols. 2v–4v.

6 Samten Karmay, “The Four Tibetan Medical Treatises and Their Critics,” in *The Arrow and the Spindle: Studies in History, Myths, Rituals and Beliefs in Tibet* (Kathmandu: Mandala Book Point, 1998), 230–31.

7 Jangpa Namgyal Tragzang (Byang pa Rnam rgyal grags bzang), *Bshad rgyud kyi ‘grel chen bdud rtsi’i chu rgyun*, ed. Khro ru Klu sgrub rgya mtsho and Bu des tshe ring. Bod kyi gso rig dpe nying phyogs sgrig gangs ri dkar po’i phreng ba, vol. 1 (Chengdu: Si khron mi rigs dpe skrun khang, 2001), 7–9.

8 Jangpa Tashi Palsang (Byang pa Bkra shis dpal bzang), *Rgyud bzhi’i rnam nges dpag bsam ljon shing*, in Goñ-sman dkon-mchog-bde-legs, *Commentaries on the Rtsa rgyud, Bśad rgyud, and Phyi ma rgyurud* [Three of the Four Medical Tantras] (Leh: T. Sonam Tashigang Jangpa Tashi Palsang, 1977), 503–6, 513.

9 Sogdogpa Lodro Gyaltzen (Sog bzlog pa Blo gros rgyal mtshan), “Rgyud bzhi’i bka’ bsgrub nges don snying po,” in *Collected Writings of Sog-bzlog-pa Blo-gros-rgyal-mtshan: Reproduced from a unique but incomplete dbu-can manuscript from the library of the Ven. Bdud-joms Rin-po-che*, vol. 2 (New Delhi: Sangje Dorji, 1975), 215–17.

10 Zurkhar Lodro Gyelpo (Zur

mkhar ba Blo gros rgyal po), “Rgyud bzhi bka’ dang bstan bcos nram par dbye ba mun sel sgron me,” in *Tshe dbang brgya rtsa/Man ngag kun kyi snying bsdus/Rdo ring mdzes byed*, ed. Mtsho sngon zhing chen bod kyi gso rig zhib’jug khang. Bod kyi gso ba rig pa’i gna’ dpe phyogs bsgrigs dpe tshogs, vol. 46 (Beijing: Mi rigs dpe skrun khang, 2007), 196.

11 Zurkhar Lodro Gyelpo, *Sman pa nams kyis mi shes su mi rung ba’i shes bya spyi’i khog dbubs*, ed. Khro ru Klu sgrub rgya mtsho and Bu des tshe ring, vol. 1, *Bod kyi gso rig dpe nying phyogs sgrig gangs ri dkar po’i phreng ba* (Chengdu: Si khron mi rigs dpe skrun khang, 2001), 311.

12 Zurkar, “Rgyud bzhi bka’ dang bstan bcos nram par dbye ba mun sel sgron me,” 196.

13 Zurkar, *Sman pa nams kyis mi shes su mi rung ba’i shes bya spyi’i khog dbubs*, 311.

14 Ibid., 311.

15 Sogdogpa, “Rgyud bzhi’i bka’ bsgrub,” 214–15.

16 Tagtsang Lotsawa Sherab Rinchen (Stag tshang lo tsā ba Shes rab rin chen), “Rig gnas kun shes nas bdag med grub pa zhes bya ba’ bstan bcos,” in *Stag tshang lo tsā ba shes rab rin chen gyi gsung ‘bum pod dang po*, ed. Dpal brtsegs bod yig dpe nying zhib ‘jug khang. Mes po’i shul bzhang, vol. 29 (Beijing: Krung go’i bod rig pa dpe skrun khang, 2007), 6–8; Tagtsang Lotsawa Sherab Rinchen, “Gso dpyad nyer mkho gces bsdus zhes bya ba gsar du byon pa stag tshang lo tsā ba’ legs bshad shes rab chos ‘byor gyi nyams len,” in *Stag tshang lo tsā ba shes rab rin chen gyi gsung ‘bum pod gnyis pa*, ed. Dpal brtsegs bod yig dpe nying zhib ‘jug khang. Mes po’i shul bzhang, vol. 30 (Beijing: Krung go’i bod rig pa dpe skrun khang, 2007), 405–6. For an introduction to *The Heart of Medicine* and a modern English translation of selected passages, see Dominik Wujastyk, *The Roots of Ayurveda* (London: Penguin Group, 2003), 191–251.

17 Pawo Tsuglag Trengwa (Dpa’ bo Gtsug lag phreng ba), *Chos byung mkhas pa’i dga’ ston*, ed. Rdo rje rgyal po, vol. 2 (Beijing:

Mi rigs dpe skrun khang, 1986), 1521–26.

18 Zurkhar, “Rgyud bzhi bka’ dang bstan bcos nram par dbye ba mun sel sgron me,” 192–98.

19 Ibid.

20 Sogdogpa, “Rgyud bzhi’i bka’ bsgrub,” 225, 230.

21 Desi Sangye Gyatso, *Gso rig sman gyi khog ‘bugs* (Lanzhou: Kan su’u mi rigs dpe skrun khang, 1982), 218.

22 Ibid., 274–47.

23 Thubken Lozang Chokyi Nyima (Thu’u bkwan Blo bzang chos kyi nyi ma), “Grub mtha’ thams cad kyi khung dang ‘dod tshul ston pa legs bshad shel gyi me long,” in *Collected Works of Thu’u-bkwan Blo-bzang-chos-kyi-nyi-ma*, vol. 2 (Delhi: Ngawang Gelek Demohubken, 1969), 433.

24 He is a Bon po “treasure revealer” (*gter ston*). It is said that he has “rediscovered” some medical texts. Desi Sangye Gyatso, *Gso rig sman gyi khog ‘bugs*, 183.

25 Karmay, “The Four Tibetan Medical Treatises and Their Critics,” 229.

26 Alexander Csoma de Kőrös, “Analysis of a Tibetan Medical Work,” in *Tibetan Studies: Being a reprint of the articles contributed to the Journal of the Asiatic Society of Bengal and Asiatic Researches*, ed. J. Terjék (Budapest: Akadémiai Kiadó, 1984), 47–65.

27 Ibid., 47.

28 Rechung Rinpoche Jampal Kunzang, *Tibetan Medicine: Illustrated in Original Texts* (Berkeley and Los Angeles: University of California Press, 1976).

29 R.E. Emmerick, “Sources of the rGyud-bzhi,” *Zeitschrift der Deutschen Morgenländischen Gesellschaft*, supp. 1, 3, no. 2 (1977): 1135–42.

30 I will use Candrananda as this scholar’s name in the remainder of the essay.

31 Lokesh Chandra, “Introduction,” in Terry Clifford, *Tibetan Buddhist Medicine and Psychiatry: The Diamond Healing* (Wellingborough, Northamptonshire, UK: The Aquarian Press, 1990), xvi.

32 Vaidya Bhagwan Dash, *Ayurveda in Tibet. The Tibet*

Journal 1, no. 1 (1975): 99.

33 Wujastyk, *The Roots of Ayurveda*, 191.

34 Emmerick, “Sources of the rGyud-bzhi,” 1135–36.

35 Cai Jingfeng, “Xu,” in Yutuo Yundan Gongbu, *Sibu Yidian* (Beijing: Renmin chuban she, 1983), 6–7.

36 Ibid.

37 Jampa Trinle (Byams pa ‘phrin las) and Thubten Tsering (Thub bstan tshe ring), “Bod kyi gso ba rig pa’i lo rgyus,” in *Krung go’i gso rig kun ‘dus las bod kyi gso ba rig pa*, vol. 1 (Lhasa: Bod ljongs mi dmangs dpe skrun khang, 1990), 12.

38 Jampa Trinle (Byams pa’phrin las), *Krung go’i bod kyi gso ba rig pa* (Beijing: Krung go’i bod kyi shes rig dpe skrun khang, 1996), 8–9.

39 Kenneth Holmes, “Portrait of a Tibetan Doctor: Khenpo Troru Tsenam,” in *Oriental Medicine: An Illustrated Guide to the Asian Arts of Healing*, ed. Jan van Alphen and Anthony Aris (London: Serindia Publications, 1995), 109–41.

40 Troru Tsenam (Khro ru tshe nram), *Khro ru tshe nram gyi gsung rtsom* (Lhasa: Bod ljongs mi dmangs dpe skrun khang, 2003), 29–31.

41 Ibid.

42 Namkhai Norbu (Nam mkha’i nor bu), *Zhang bod kyi lo rgyus ti se’i ‘od* (Beijing: Krung go’i bod kyi shes rig dpe skrun khang, 1996), 149–50; Chebu Trishe (Dpyad bu khri shes), *Four Collections of Medical Science [Gso rig ‘bum bzhi]* (Beijing: Mi rigs dpe skrun khang, 2005), 1–12. The late physician and important Bon scholar Tenzin Wangdrag wrote a very brief article about Tibetan medicine at Dr. Kunchog Dhondrup’s request. Here he states that he is not interested in debating the relationship between the *Gyushi* and *Bumshi*, but instead encourages the current generation of doctors and students to thoroughly study both the *Gyushi* and the *Bumshi*. See Tenzin Wangdrag (Bstan ‘dzin dbang grags), “Bod kyi gso rig skor dgongs tshul mdor bsdus tsam zhib brjod pa,” in *Spyi Lo 2004 Lo’i bod kyi gso rig gzhung spel*

res tshogs ‘du’i dpyad rtsom (Lhasa: Nyima. e.v.-PSTTM, 2004), 35–36.

43 Sumton Yeshe Sung (Sum ston Ye shes gzungs), “G.yu thog snying thig las byin rlabs bla ma sgrub pa’i chos skor sdug bsngal mun sel thugs rje’i nui ‘od ces pa’i thog mar lo rgyus dge ba’i lcags kyu,” in *G.yu thog snying thig gi yig cha* [The collected basic texts and ritual works of the medical teachings orally passed from G.yu-thog Yon-tan-mgon-po] (Leh: D. L. Tashigangpa. Tibetan Buddhist Resource Center, 1981), fol. 7v.

44 Sumton Yeshe Sung, “Brgyud pa’ rnam thar med thabs med pa,” fols. 1r–5r.

45 Yuthog Yonten Gonpo, *Yan lag brgyad pa’i gzhung las bsdus pa nor bu’i ‘phreng ba*, ed. Troru Ludrup Gyatso (Khro ru klu sgrub rgya mtsho) and Dawa Phuntsog (Zla ba phun tshogs). Bod kyi gso rig dpe nying phyogs sgrig gangs ri dkar po’i phreng ba, vol. 9 (Chengdu: Si khron mi rigs dpe skrun khang, 2003).

46 *Byang khog dmar byang gsal ba’i sgron me*. n.d. Manuscript at Khro ru Monastery in ‘Jo mda’ County of Chab mdo Prefecture. Photocopy in the author’s possession [hereafter *Explicit Treatise*], fols. 1v–2v.

47 Drangti Palden Tsoje, *Bdud rtsi snying po yan lag brgyad pa gsang ba man ngag gi rgyud kyi spyi don shes bya rab gsal rgyas pa*, fol. 28a, 39a.

48 Zurkhar, *Sman pa nams kyis mi shes su mi rung ba’i shes bya spyi’i khog dbubs*, 290.

49 Yuthog Yonten Gonpo, *Grwa thang rgyud bzhi*, ed. Mtsho sngon zhing chen bod kyi gso rig zhib ‘jug khang. Bod kyi gso ba rig pa’i gna’ dpe phyogs bsgrigs dpe tshogs, vol. 20 (Beijing: Mi rigs dpe skrun khang, 2005), 582.

50 Zurkhar, *Sman pa nams kyis mi shes su mi rung ba’i shes bya spyi’i khog dbubs*, 290.

51 Ibid., 291–92.

52 There they are mentioned as *Root Text and Commentary of Explicit Treatise* or the *Mother and Son of Explicit Treatise*. Drangti Palden Tsoje (Brang ti dpal ldan ‘tsho byed), *Bdud rtsi snying po yan lag brgyad*

- pa gsang ba man ngag gi rgyud
kyi spyi don shes bya rab gsal
rgyas pa. Manuscript in the
Library of the Cultural Palace
of Minorities in Beijing. Photo-
copy in the author's possession,
fols. 28r, 39r.
- 53** Zurkhar, *Sman pa nams kyis
mi shes su mi rung ba'i shes bya
spyi'i khog dbubs*, 290–91.
- 54** Drangti Palden Tsoje, *Bdud
rtsi snying po yan lag brgyad pa
gsang ba man ngag gi rgyud kyi
spyi don shes bya rab gsal rgyas
pa*, fol. 28r.
- 55** Bichi (Bici), *Bi ci'i pu ti kha ser*
(Lhasa: Bod ljongs mi dmangs
dpe skrun khang, 2005), 1–195;
Tsampashilaha (Tsan pa shi la
he), "Bi ji po ti ska ser," in *Sman
dpyad zla ba'i rgyal po / Bi ji po ti
kha se*, ed. Mtsho ngon zhing
chen bod kyi gso rig zhib 'jug
khang. Bod kyi gso ba rig pa'i
gna' dpe phyogs bsgrigs dpe
tshogs, vol. 033 (Beijing: Mi
rigs dpe skrun khang, 2006),
327–459.
- 56** I am very grateful to Prof Van
der Kuip for sharing a photocopy
of this manuscript with me.
- 57** Unfortunately, many pages
of the photocopy available to
me are very dark and therefore
not legible, especially in the final
portion of the text.
- 58** *Bi ji'i po ti kha ser zhes bya
ba rgyud lung man ngag thams
cad kyi snying phyung ba*. n.d.
Manuscript in the Library of the
Cultural Palace of Minorities
in Beijing. Photocopy in the
author's possession. [hereafter
Kha ser B], fol. 1v.
- 59** *Bi ji'i po ti kha ser zhes bya
ba rgyud lung man ngag thams
cad kyi snying phyung ba*. n.d.
Manuscript in the Library of the
Cultural Palace of Minorities
in Beijing. Photocopy in the
author's possession. [hereafter
Kha ser B], fol. 161r.
- 60** Zurkhar, *Sman pa nams kyis
mi shes su mi rung ba'i shes bya
spyi'i khog dbubs*, 272; Jangpa
Namgyal Tragzang (Byang pa
Rnam rgyal grags bzang), *Yan
lag brgyad pa'i snying po btus
pa yid bzhi'n nor bu*, ed. Mtsho
sngon zhing chen bod kyi gso rig
zhig 'jug khang. Bod kyi gso ba
rig pa'i gna' dpe phyogs bsgrigs
dpe tshogs, vol. 2 (Beijing: Mi
rigs dpe skrun khang, 2004), 493.
- 61** Zurkhar, *Sman pa nams kyis
mi shes su mi rung ba'i shes bya
spyi'i khog dbubs*, 294.
- 62** Yuthog Yonten Gonpo,
"Dbang chog bdud risi'i chu
rgyun" [Stream of Nectar
Empowerment Ritual], in *gYu
thog snying thig* [Innermost
Spirituality of Yuthogpa]
Repkong sngags mang dpe
tshogs, vol. 9. (Pe cin: Mi rigs
dpe skrun khang, 2005), 701.
- 63** *Be ci'i po ti kha ser ba*.
Manuscript in the Bod ljongs
sman rtsis khang (Mentiskhang)
library in Lhasa. Photocopy
in the author's possession
[hereafter *Kha ser L*] (n.d.), fols.
237v–239r.
- 64** *Kha ser B*, fols. 160r–161r.
- 65** Note that this place is spelled
Khrom in most other texts.
- 66** A region in what is modern
Xinjiang Province, People's
Republic of China.
- 67** *Kha ser B*, fol. 127r; *Kha ser B*,
fol. 125v.
- 68** Jampa Trinle, *Krung go'i bod
kyi gso ba rig pa*, 6.
- 69** Hashang Mahāyana (Hwa
shang ma hā ya na) and
Vairocana (Ba'i ro tsa na), *Sman
dpyad zla ba'i rgyal po*, ed. Rdo
rje rgyal po (Beijing: Mi rigs dpe
skrun khang, 1985), 219.
- 70** Zurkhar, *Sman pa nams kyis
mi shes su mi rung ba'i shes bya
spyi'i khog dbubs*, 289; Pawo
Tsuglag Trengwa (Dpa' bo Gtsug
lag phreng ba), *Chos byung
mkhas pa'i dga' ston*, ed. Rdo
rje rgyal po, vol. 2 (Beijing: Mi
rigs dpe skrun khang, 1986),
1518–19; Desi Sangye Gyatso,
Gso rig sman gyi khog 'bugs,
151–52.
- 71** Kongtrul Yonten Gyatso
(Kong sprul yon tan rgya mysho),
Shes bya kun khyab, ed. Rdo rje
rgyal po and Thub bstan nyi ma
(Beijing: Mi rigs dpe skrun khang,
2002), 294.
- 72** Cai Jingfeng, *Zhongguo
zangyixue* (Beijing: Kexue chuban
she, 1996), 15.
- 73** Samten (Bsam gtan), *Bod kyi
gso ba rig pa'i byung ba brjod
pa* (Pe cin: Krung go'i bod rig pa
dpe skrun khang, 2002) 29–31;
Kalsang Trinle (Skal bzang 'phrin
las), *Bod Kyi Gso Ba Rig Pa'i
Byung 'Phel Gyi Lo Rgyus Gsal
Bar Ston Pa Baidurya Sngon
Po'i Zhun Thigs* (Beijing: Krung
- go'i bod kyi shes rig dpe skrun
khang, 1997), 175–77.
- 74** Samten, *Bod kyi gso ba rig
pa'i byung ba brjod pa*, 30–31.
- 75** See also Zhen Yan and
Cai Jingfeng, "Tibetan and
Chinese Pulse Diagnostics:
A Comparison, with Special
Reference to Locations for Pulse
Taking," in *Soundings in Tibetan
Medicine: Anthropological and
Historical Perspectives*, ed.
Mona Schrempf (Leiden: Brill
Academic Publishers, 2007),
327–43.
- 76** For further studies of this
work, see Wujastyk, *The Roots
of Ayurveda*; P.V. Sharma, ed.,
"Medical Literature/Authors," in
History of Medicine in India (New
Delhi: Indian National Science
Academy, 1992), 173–221;
Frank John Ninivaggi, *Ayurveda:
A Comprehensive Guide to
Traditional Indian Medicine for
the West* (Westport, CT: Praeger,
2008), 23–24.
- 77** Cheje Shangton Shigpo (Cher
rje zhang ston zhig po), *Snying
po bsdus pa la 'jug pa'i ti ka don
khrigs gsal byed*. Manuscript.
Photocopy in the author's pos-
session (hereafter Cheje), fols.
26r–26v.
- 78** Ibid.
- 79** Drangti Palden Tsoje, *Bdud
rtsi snying po yan lag brgyad pa
gsang ba man ngag gi rgyud kyi
spyi don shes bya rab gsal rgyas
pa*, fol. 32r.
- 80** Cheje, fol. 26b.
- 81** Drangti Palden Tsoje, *Bdud
rtsi snying po yan lag brgyad pa
gsang ba man ngag gi rgyud kyi
spyi don shes bya rab gsal rgyas
pa*, fol. 32r; Zurkhar, *Sman pa
nams kyis mi shes su mi rung
ba'i shes bya spyi'i khog dbubs*,
302; Desi Sangye Gyatso, *Gso rig
sman gyi khog 'bugs*, 177.
- 82** Zurkhar, *Sman pa nams kyis
mi shes su mi rung ba'i shes bya
spyi'i khog dbubs*, 302–4.
- 83** Vāgbhata, *Aṣṭāṅga Hṛdaya
Vāgbhata: The Book of Eight
Branches of Āyurveda: Text
and English Translation*, trans.
A Board of Scholars, vol. 1
(Delhi: Sri Satguru Publications,
1999), 1–294; Phakhol (Pha
khol), *Yan lag brgyad pa'i
snying po bsdus pa*. In *Sde dge
Bstan 'gyur (Gso ba rig pa'i skor)*,
vol. 198 (Delhi: Delhi Karmapae
- Chodhey, Gyalwae Sungrab
Partun Khang. Tibetan Buddhist
Resource Center, 1985), fols.
44v–106v.
- 84** Vāgbhata, *Aṣṭāṅga Hṛdaya
Vāgbhata*, 297–385; Phakhol, *Yan
lag brgyad pa'i snying po bsdus
pa*, fols. 106v–128v.
- 85** Vāgbhata, *Aṣṭāṅga Hṛdaya
Vāgbhata*, vol. 2, 1–145; Phakhol,
*Yan lag brgyad pa'i snying po
bsdus pa*, fols. 128v–160v.
- 86** Vāgbhata, *Aṣṭāṅga Hṛdaya
Vāgbhata*, vol. 2, 149–448;
Phakhol, *Yan lag brgyad pa'i
snying po bsdus pa*, fols.
160v–235v.
- 87** Vāgbhata, *Aṣṭāṅga Hṛdaya
Vāgbhata*, vol. 2, 451–503;
Phakhol, *Yan lag brgyad pa'i
snying po bsdus pa*, fols.
235v–248r.
- 88** Vāgbhata, *Aṣṭāṅga Hṛdaya
Vāgbhata*, vol. 3, 1–503; Phakhol,
*Yan lag brgyad pa'i snying po
bsdus pa*, fols., 248r–335r.
- 89** Yang Ga, *The Sources for the
Writing of the Rgyud bzhi, Tibetan
Medical Classic* (Cambridge, MA:
Harvard University Press, 2010),
381.
- 90** Yuthog Yonten Gonpo, *Yan
lag brgyad pa'i gzhung las bsdus
pa nor bu'i 'phreng ba*, 1–256.
- 91** Ibid.
- 92** Ibid., 255.
- 93** Ibid., 19, 29, 45, 47, 51, 71,
151, 169, 206.
- 94** Ibid., 30, 87, 112, 126, 185.
- 95** Ibid., 185.
- 96** Ibid., 229.
- 97** Drangti Palden Tsoje, *Bdud
rtsi snying po yan lag brgyad pa
gsang ba man ngag gi rgyud kyi
spyi don shes bya rab gsal rgyas
pa*, 37r.
- 98** Zurkhar, *Sman pa nams kyis
mi shes su mi rung ba'i shes bya
spyi'i khog dbubs*, 314; Drangti
Palden Tsoje, *Bdud rtsi snying po
yan lag brgyad pa gsang ba man
ngag gi rgyud kyi spyi don shes
bya rab gsal rgyas pa*, 38v.
- 99** Sumton Yeshe Sung,
"Brgyud pa' nram thar med thabs
med pa," 3r.
- 100** Yuthog Yonten Gonpo,
*Mkhas pa g.yu tog pas mdzad
pa'i bu don*. Manuscript in the
Bod ljongs sman rtsis khang
(Mentiskhang) library in Lhasa.
Photocopy in the author's pos-
session (n.d.), fols. 38r, 68r, 75v.
- 101** Ibid., fol. 232v.
- 102** Ibid., fol. 35r.
- 103** Ibid., fol. 256r.
- 104** Ibid., fols. 25v, 35r, 62v, 98v,
139r, 209r.
- 105** Ibid., fol. 62v.
- 106** Ibid., fol. 25v.
- 107** Ibid., fols. 1v–268r.
- 108** *Bdud rtsi snying po gsang ba
man ngag gi rgyud*.
- 109** Yuthog Yonten Gonpo (G.yu
thog Yon tan mgon po), *Rgyud
chung bdud rtsi snying po*, in
*G.yu thog cha lag bco brgyad:
A corpus of Tibetan medical
teaching attributed to G.yu thog
the Physician / Reproduced from a
set of prints from the 17th century
Lhasa Zhol blocks*, vol. 2 (Dolanji:
Tibetan Bonpo Monastic Centre,
1769), fol. 1r.
- 110** Zurkhar Lodro Gyelpo,
*Rgyud bzhi'i 'grel pa mes po'i
zhal lung*, vol. 1, ed. Rdo rje
rgyal po (Beijing: Krung go bod
kyi shes rig dpe skrun khang,
1989), 24–25; Yuthog Yonten
Gonpo (G.yu thog Yon tan mgon
po), *Bdud rtsi snying po yan lag
brgyad pa gsang ba man ngag gi
rgyud*, ed. Blo bzang tshe ring
and Dkar blo (Lhasa: Bod ljongs
mi dmangs dpe skrun khang,
1982), 1–3.
- 111** Zurkhar, *Sman pa nams kyis
mi shes su mi rung ba'i shes bya
spyi'i khog dbubs*, 320.
- 112** Yuthog Yonten Gonpo,
Rgyud chung bdud rtsi snying po,
fol. 123r.
- 113** Zurkhar, *Sman pa nams kyis
mi shes su mi rung ba'i shes bya
spyi'i khog dbubs*, 320.
- 114** Troru Tsenam (Khro ru tshe
rnam), *Khro ru tshe rnam gyi
gsung rtsom* (Lhasa: Bod ljongs
mi dmangs dpe skrun khang,
2003), 29–31.
- 115** Samten, *Bod kyi gso ba rig
pa'i byung ba brjod pa*, 48–69.
- 116** Yuthog Yonten Gonpo,
Rgyud chung bdud rtsi snying po,
fols., 1r–2r.
- 117** Sumton Yeshe Sung, "G.yu
thog snying thig las byin rlabs
bla ma sgrub pa'i chos skor,"
fol. 14r.
- 118** Jampa Trinle (Byams
pa 'phrin las), *Gangs Ljongs Gso
Rig Bstan Pa'i Nyin Byed Rim
Byon Gyi Rnam Thar Phyogs
Bsgrigs* (Beijing: Mi rigs dpe
skrun khang, 2000), 125.
- 119** Kunchok Rinchen (Dkon
mchog rin chen), *Bod kyi gso rig*

chos 'byung bai dūr ya'i 'phreng ba (Lanzhou: Kan su'u mi rigs dpe skrun khang, 1994), 62–64.

120 Franz-Karl Ehrhard, "A Short History of the g.Yu thog snying thig," in *Indica et Tibetica: Festschrift für Michael Hahn. Zum 65. Geburtstag von Freunden und Schülern Überreicht*, ed. Konrad Klaus and Jens-Uwe Hartmann (Vienna: Arbeitskreis für Tibetische und Buddhistische Studien Universität Wien, 2007), 151.

121 Samten Karmay, "The Four Tibetan Medical Treatises and Their Critics," in *The Arrow and the Spindle: Studies in History, Myths, Rituals and Beliefs in Tibet* (Kathmandu: Mandala Book Point, 1998), 230.

122 More information about the text, see Ehrhard, "A Short History of the g.Yu thog snying thig," 151.

123 Sumton Yeshe Sung, "G.yu thog snying thig las byin rlabs bla ma sgrub pa'i chos skor," fol. 16r.

124 Ibid., fols. 20v–21r.

125 Drangti Palden Tsoje, *Bdud rtsi snying po yan lag brgyad pa gsang ba man ngag gi rgyud kyi spyi don shes bya rab gsal rgyas pa*, fol. 37r.

126 Ibid., fol. 38v.

127 Karmay, "The Four Tibetan Medical Treatises and Their Critics," 230.

128 Sogdogpa, "Rgyud bzhi'i bka' bsgrub nges don snying po," 231.

129 *Smar pa bka' brgyud kyi rnam thar phyogs sgrig* (Collection of Biographies of the Masters of the Marpa Kagyu Tradition) [hereafter *History of Marpa*] (Chengdu: Si khron mi rigs dpe skrun khang, 2006), 84.

130 Ibid., 82–85.

131 Sumton Yeshe Sung, "G.yu thog snying thig las byin rlabs bla ma sgrub pa'i chos skor," fol. 14r; Zurkhar, *Sman pa rnams kyis mi shes su mi rung ba'i shes bya spyi'i khog dbubs*, 317.

132 Jowo Lundrup Tashi (Jo bo lhun sgrub bkra shis) and Darma Menrampa Lozang Chodrag (Dar mo sman rams pa Blo bzang chos grags), *G.yu thog gsar rnying gi rnam thar* [Biography of Yuthog the

Elder and the Younger] (Pe cin: Mi rigs dpe skrun khang, 1982), 327.

133 It is a clinical manual composed by Yuthog Yonten Gonpo.

134 Ju Mipham Gyatso ('Ju mi pham rgya mtsho), "G.yu thog shog dril skor gsum gyi ma bu don bsdeb tu bkol ba," in *Jam mgon 'ju mi pham rgya mtsho'i gsung 'bum rgyas pa sde dge dgon chen par ma/ka* (New Delhi: Tibetan Buddhist Resource Center, 2002), fol. 44r.

135 Ju Mipham, "G.yu thog shog dril skor gsum gyi ma bu don bsdeb tu bkol ba," fol. 44r.

136 Ibid.

137 It may be a place in the Shang area of what is modern Namling County in the TAR.

138 Sumton Yeshe Sung, "G.yu thog snying thig las byin rlabs bla ma sgrub pa'i chos skor," fols. 14r–16r.

139 Ju Mipham, "G.yu thog shog dril skor gsum gyi ma bu don bsdeb tu bkol ba," fols. 2r–2v.

140 Zurkarwa, *Sman pa rnams kyis mi shes su mi rung ba'i shes bya spyi'i khog dbubs*, 315–16; Ju Mipham, "G.yu thog shog dril skor gsum gyi ma bu don bsdeb tu bkol ba," fol. 44r.

141 Zurkarwa, *Sman pa rnams kyis mi shes su mi rung ba'i shes bya spyi'i khog dbubs*, 320.

142 Sumton Yeshe Sung, "G.yu thog snying thig las byin rlabs bla ma sgrub pa'i chos skor," fols. 5r–5v. It is a core teaching of the Nyingma School in Tibet.

143 It is a Tantric text about Hevajra who is a principal meditational deity of the Anuttarayoga classification in Buddhist Tantra.

144 Ibid. It is a Tantric text about Vajra Kilaya, who is one of the main meditational deities of the Nyingma School which belonging to the Eight Sadhana Teachings.

145 Ibid., fol. 17r.

146 Ibid., fols. 17r–17v.

147 Yuthog Yonten Gonpo, "G.yu thog sngo'bum," in *Sngo 'bum sman gyi gter mdzod*, ed. Mtsho ngon zhing chen bod kyi gso rig zhib 'jug khang. Bod kyi gso ba rig pa'i gna' dpe phyogs bsgrigs dpe tshogs,

vol. 40 (Beijing: Mi rigs dpe skrun khang, 2006); Yuthog Yonten Gonpo, "G.yu thog sngo'bum," in *Gso rig sman gyi ro nus ngos 'dzin gsal ston phyogs sgrig rin chen sgron me*, ed. Dpal brtsegs bod yig dpe rnying zhib 'jug khang. Mes po'i shul bzhang, vol. 2 (Beijing: Krung go'i bod rig pa dpe skrun khang, 2007).

148 This is a kind of commentary and a manual for compound for the *Three Scroll Collections*.

149 Yuthog Yonten Gonpo the Younger (G.yu thog gsar ma Yontan mgon po) and Sogpo Lungrig Tendar (Sog po lung rigs bstan dar), *G.yu thog pa'i shog dril and Rgyud bzhi'i mtha' dpyod*, ed. Mtsho ngon zhing chen bod kyi gso rig zhib 'jug khang. *Bod kyi gso ba rig pa'i gna' dpe phyogs bsgrigs dpe tshogs*, vol. 12 (Beijing: Mi rigs dpe skrun khang, 2008), 7–46.

150 Ehrhard, "A Short History of the g.Yu thog snying thig," 154.

151 Drangti Palden Tsoje, *Bdud rtsi snying po yan lag brgyad pa gsang ba man ngag gi rgyud kyi spyi don shes bya rab gsal rgyas pa*, fol. 37r; Zurkhar, *Sman pa rnams kyis mi shes su mi rung ba'i shes bya spyi'i khog dbubs*, 322.

152 Drangti Palden Tsoje, *Bdud rtsi snying po yan lag brgyad pa gsang ba man ngag gi rgyud kyi spyi don shes bya rab gsal rgyas pa*, fol. 37r; Zurkhar, *Sman pa rnams kyis mi shes su mi rung ba'i shes bya spyi'i khog dbubs*, 322.

153 Drangti Palden Tsoje, *Bdud rtsi snying po yan lag brgyad pa gsang ba man ngag gi rgyud kyi spyi don shes bya rab gsal rgyas pa*, fol. 37r; Zurkhar, *Sman pa rnams kyis mi shes su mi rung ba'i shes bya spyi'i khog dbubs*, 322. Drangti Palden Tsoje, *Bdud rtsi snying po yan lag brgyad pa gsang ba man ngag gi rgyud kyi spyi don shes bya rab gsal rgyas pa*, fol. 37r; Zurkhar, *Sman pa rnams kyis mi shes su mi rung ba'i shes bya spyi'i khog dbubs*, 322.

154 Drangti Palden Tsoje, *Bdud rtsi snying po yan lag brgyad pa gsang ba man ngag gi rgyud kyi spyi don shes bya rab gsal rgyas pa*, fol. 38v.

155 Zurkhar, *Sman pa rnams kyis mi shes su mi rung ba'i shes bya*

spyi'i khog dbubs, 322; Drangti Palden Tsoje, *Bdud rtsi snying po yan lag brgyad pa gsang ba man ngag gi rgyud kyi spyi don shes bya rab gsal rgyas pa*, fols. 37v–38r.

156 Jowo, *G.yu thog gsar rnying gi rnam thar*.

157 Ibid., 312.

158 Desi Sangye Gyatso, *Gso ba rig pa'i bstan bcos sman bla'i dgong rgyan rgyud bzhi'i gsal byed Vaid ur' ngon po'i malli ka* (*Blue Beryl*) (Lhasa: Bod ljong mi dmang dpe skrun khang, 1982), 374.

159 Jowo, *G.yu thog gsar rnying gi rnam thar*, 312.

160 Ibid., 87.

161 Ibid., 126.

162 Desi Sangye Gyatso, *Gso rig sman gyi khog 'bugs*, 206–29, 274–84; Desi Sangye Gyatso (Sde srid Sangs rgyas rgya mtsho), *Bai d.uur s.non po*, vol. 4 (Leh: T.Y. Tashigangpa, 1973), fols. 213b–217b.

163 Wangdu (Dbang 'dus), "Bod sman gyi gshags las dar rgyas rgud gsum gyi skor rags tsam gleng ba," *Bod sman slob gso dang zhib 'jug 9* (2004): 5.

164 Sumton Yeshe Sung, "G.yu thog snying thig las byin rlabs bla ma sgrub pa'i chos skor," fol. 5r.

165 Desi Sangye Gyatso, *Gso rig sman gyi khog 'bugs*, 327, 356; Drangti Palden Tsoje, *Bdud rtsi snying po yan lag brgyad pa gsang ba man ngag gi rgyud kyi spyi don shes bya rab gsal rgyas pa*, fol. 38r.

166 Zurkhar, *Sman pa rnams kyis mi shes su mi rung ba'i shes bya spyi'i khog dbubs*, 314.

167 Drangti Palden Tsoje, *Bdud rtsi snying po yan lag brgyad pa gsang ba man ngag gi rgyud kyi spyi don shes bya rab gsal rgyas pa*, fols. 38r–38v.

168 Ibid., fol. 40r.

Chapter 9

Pages 178–197

1 Kalsang Trinle's history discusses the Treasure tradition with respect to medicine, at Skäl bzang 'phrin las, *Bod Kyi Gso Ba Rig Pa'i Byung 'Phel Gyil Lo Rgyus Gsal Bar Ston Pa Baidurya Sngon Po'i Zhun Thigs* (Beijing:

Krung go'i bod kyi shes rig dpe skrun khang, 1997), 279–317. Also see Sangye Gyatso's discussion listing hundreds of revealed medical texts at Sangs rgyas rgya mtsho, *Gso Rig Sman Gyil Khog 'Bugs* (Dharamsala: Tibetan Medical & Astro Institute, 1994), 183–201. For an introduction to treasure texts in Tibetan literature, see Janet B. Gyatso, "Drawn from the Tibetan Treasury: The Gter Ma Literature," in *Tibetan Literature: Studies in Genre*, ed. Jose Ignacio Cabezon and Roger R. Jackson (Ithaca, NY: Snow Lion Publications, 1996).

2 Dudjom Rinpoche and Gyurme Dorje, *The Nyingma School of Tibetan Buddhism: Its Fundamentals and History*, trans. Matthew Kapstein (Boston: Wisdom Publications, 2002), 751–54.

3 This cycle is also referred to in English as the "eight transmitted precepts." Each of the eight features a wrathful deity around which ritual and meditation practices are organized and presented through transmitted (*bka' ma*) and revealed (*gter ma*) texts; the fourth includes teachings on empowering medicine. For more on this tradition, see Frances Garrett, "The Alchemy of Accomplishing Medicine (Sman Sgrub): Situating the Yuthok Heart Essence Ritual Tradition," *Journal of Indian Philosophy* 37, no. 3 (2009): 207–30; Frances Garrett, "Tapping the Body's Nectar: Gastronomy and Incorporation in Tibetan Literature," *History of Religions* 49, no. 3 (2010): 300–26.

4 The *Yuthok Heart Essence Guru Sādhana* is the core of the *Yuthok Heart Essence* (*G.yu thog snying thig*) anthology; this anthology is discussed in some detail in ibid.

5 Garrett, "The Alchemy of Accomplishing Medicine." Parts of Dar mo sman rams pa blo bzang chos grags's biography can be found translated into English in Rechung Rinpoche, *Tibetan Medicine: Illustrated in Original Texts* (Berkeley and Los Angeles: University of California Press, 1976).

6 For references to these works in medical texts, see Kyempa

- Tsewang (Skyem pa tshe dbang), *Mkhas Dbang Skyem Pa Tshe Dbang Mchog Gis Mdzad Pa'i Rgyud Bzhi'i 'Grel Pa Bshugs So*, 3 vols. (New Delhi: Bod gshung sman rtsis khang, n.d.), 985; D. Sangye Gyasto (Sang rgyas rgya mtsho), *Gso Ba Rig Pa'i Bstan Bcos Sman Bla'i Dgongs Rgyan Rgyud Bzhi'i Gsal Byed Bai Durya Sngon Po'i Mali Ka Zhes Bya Ba Bzhugs So* (Dharamsala: Tibetan Medical & Astro Institute, 1994), 1145, 1147; Zurkhar Lodro Gyelpo (Zur mkhar pa blo gros rgyal po), *Rgyud Bzhi'i 'Grel Pa Mes Po'i Zhal Lung*, 2 vols. (Krunung go'i pod kyi shes rig dpe skrun khang, 1989), 515.
- 7** Eva M. Dargyay, *The Rise of Esoteric Buddhism in Tibet* (Delhi: Motilal Banarsidass, 1977), 139–43; Samten Karmay, "Dorje Lingpa and His Rediscovery of the 'Gold Needle' in Bhutan," *Journal of Bhutan Studies*, no. 2 (2000): 1–35.
- 8** Dorje Lingpa (Rdo rje gling pa), "Za Yig nor Bu'i Bang Mdzod Ces Bya Ba Bzhugs So," in *Rin Chen Gter Mdzod Chen Mo* ed. 'Jam mgon kong sprul blo gros mtha' yas (Paro: Ngodrup and Sherab Drimay, 1976–80), 625–40.
- 9** On these and other writers, see Frances Garrett, "Eating Letters in the Tibetan Treasure Tradition," *Journal of the International Association of Buddhist Studies* 32, nos. 1–2 (2009): 85–114.
- 10** This work is the *Brang ti hi pod khra pod dmar*. Sangye Gyatso discusses this figure at Sangs rgyas rgya mtsho, *Gso Rig Sman Gyik Khog 'Bugs*, 291–93; subsequent pages describe the various literary compositions of others in the *Brang ti* lineage.
- 11** Ibid., 292ff.
- 12** The Arura reprint, *A Measure of Gold, a Measure of Silver* (*Gser bre dngul bre*), actually contains two texts: *A Measure of Gold: Doctor Drangti's Precious Treasury of Instructions* (*Brang ti lha rje'i man ngag gter mdzod rin po che gser bre ma bzhugs so*) and *A Measure of Silver* (*Sa skya sman grong ba'i man ngag thun mong ma yin pa dngul bre ma bzhugs so*). Drangti Palden Gyaltsen (*Brang ti dpal idan rgyal* mtshan), *Man Ngag Gser Bre Ma Dang Dngul Bre Ma Zhes Bya Ba Bzhugs So*. Bod Kyi Gso Ba Rig Pa'i Gna' Dpe Phyogs Bsgrigs Dpe Tshogs (Beijing: Mi rigs dpe skrun khang, 2004).
- 13** See a chart of the Brangti–Gongmen lineage lines in Manfred Taube, *Beitrag zur Geschichte der Medizinischen Literatur Tibets* (Sankt Augustin: VGH Wissenschaftsverlag, 1981), 71.
- 14** For example see Dolma Taring, *Daughter of Tibet: The Autobiography of Rinchen Dolma Taring* (Boston: Wisdom Publications, 1986). A very short biographical sketch of Tsarong Palden Gyeltsen (Tsha rong dpal idan rgyal mtshan can) be found at Lama Kyab (Bla ma skyabs), *Bod Kyi Mkhas Pa Rim Byon Gyik Gso Rig Gsung 'Bum Dkar Chag Mu Tig Phreng Ba* (Lanzhou: Kan su'u mi rigs dpe skrun khang, 1997), 224. Also see a similar short biography in Jampa Trinle (Byams pa phrin las), *Gangs Ljongs Gso Rig Bstan Pa'i Nyin Byed Rim Byon Gyik Rnam Thar Phyogs Bsgrigs* (Pe cin: Mi rigs dpe skrun khang, 2000), 255.
- 15** Tsarong Palden Gyeltsen (Tsha rong dpal idan rgyal mtshan), *Dkon Mchog 'Phan Dar Gyik Rnam Thar*. Bod Kyi Gso Rig Pa'i Gna' Dpe Phyogs Bsgrigs Dpe Tshogs (Pe cin: Mi rigs dpe sgrun khang, 2000).
- 16** For resources on these traditions in English, see Theresia Hofer, "Preliminary Investigations into New Oral and Textual Sources on Byang Lugs — The 'Northern School' Of Tibetan Medicine," in *Soundings in Tibetan Medicine: Anthropological and Historical Perspectives*, ed. Mona Schrempf, in the Proceedings of the 10th Seminar of the International Association for Tibetan Studies (IATS) Oxford 2003. (Leiden: Brill Academic Publishers, 2007), 373–410. Barbara Gerke and N. Bolsokhoeva, "Namthar of Zurkha Lodo Gyalpo (1509–1579)," *AyurVijnana* 6 (1999): 26–38; Desi Sangye Gyatso, *Mirror of Beryl: A Historical Introduction to Tibetan Medicine*, ed. Thupten Jinpa, trans. Gavin Kilty, (Boston: Wisdom Publications, 2010), 273–318; Barbara Gerke, "On the History of the Two Tibetan Medical Schools Janglug and Zurlug," *AyurVijnana* 6 (1999): 17–25.
- 17** Fernand Meyer, "Introduction: The Medical Paintings of Tibet," in *Tibetan Medical Paintings: Illustrations to The "Blue Beryl" Treatise of Sangye Gyamtso (1653–1705)*, ed. Gyurme Dorje and Fernand Meyer (New York: Harry N. Abrams, 1992), 3.
- 18** Jampa Trinle, personal communication, June 2002.
- 19** A lineage of this transmission can be found in Guru Phel (Gu ru 'phel), *Srid Gsum Gtsug Rgyan Si Tu Chos Kyi 'Byung Gnas Kyi Zhal Lung Dngul Chu Btso Chen Ril Bu'i Sbyor Sde Zab Bdun Bdud Rtsi'i Thig Le* (*Instructions for the Preparation of Mercury Pellets According to the Teachings of the Great Si-Tu Pan-Chen Chos-Kyi-'Byun-Gnas*), vol. 139, Smanrtsis Shesrig Spendzod (Leh: T. Sonam and D. L. Tashigang, 1985), 8–10. On the use of mercury in precious pills, also see Yonten Gyatso, "The Secrets of the Black Pill Formulation," *Tibetan Medicine*, no. 13 (1991): 38–55.
- 20** Jampa Trinle, personal communication, June 2002.
- 21** Deumar Tenzin Phuntsog (De'u dmar bstan 'dzin phun tshogs), "Bdud rtsi snying po man ngag gi rgyud las nye bar mkho ba'i gces par btus pa bad kan gyi bcos khol bur phyung ba man ngag bdud rtsi 'chi sos," in *Gso rig gces btus rin chen phreng ba bzhugs so* (Zi ling: Mtsho sngon mi rigs dpe skrun khang, 1993), 165–75.
- 22** Karma Geleg Tenzin Trinle Rabgye (Karma nges legs bstan 'dzin phrin las rab rgyas), *Si Tu Sman Bsdus E Wam*. 2 vols., Smanrtsis Shesrig Spendzod (Leh: T. Y. Tashigang, 1973), 55–56.
- 23** The *Shog dril skor gsum las gser gyi thur ma'i lde mig rnam drug* can be found in Yon tan mgon po, *G.Yu Thog Sman Yig Phyogs Bsgrigs*, vol. 58, Bod Kyi Gso Ba Rig Pa'i Gna' Dpe Phyogs Bsgrigs Dpe Tshogs (Pe cin: Mi rigs dpe skrun khang, 2007), 315–30. A commentary to this text can be found at Mipham Gyatso (Mi pham rgya mtsho), "G.Yu Thog Shog Dril Skor Gsum Gyik Ma Bu Don Bsdeb Tu Bkol Ba," in *Gsung 'Bum* (*the Expanded Redaction of the Complete Works of 'Ju Mi-Pham Series*) (Paro, Bhutan: Lama Ngodrup and Sherab Drimey, 1984–93).
- 24** For more on Situ Panchen's medical tradition, see Frances Garrett, "Mercury, Mad Dogs and Smallpox: Medicine in the Situ Panchen Tradition," *Journal of the International Association of Tibetan Studies* (forthcoming).
- 25** D. Sangye Gyatso (Sangs rgyas rgya mtsho), *Gso Rig Sman Gyik Khog 'Bugs*; Desi Sangye Gyatso, *Mirror of Beryl: A Historical Introduction to Tibetan Medicine*. I follow Schaeffer's translation of *khog 'bugs* as "interior analysis," which he derives from Sangye Gyatso's own etymology of the term as "an exposition (*legs bshad*) that penetrates (*'bugs*) the interior (*khog*) of the medical tradition." Kurtis Schaeffer, "Textual Scholarship, Medical Tradition, and Mahayana Buddhist Ideals in Tibet," *Journal of Indian Philosophy* 31, nos. 5–6 (2003): 624.
- 26** The *Khog 'bugs khyung chen lding ba*.
- 27** *Shes bya rab gsal*.
- 28** For more on these histories, see Frances Garrett, "Buddhism and the Historicizing of Medicine in Thirteenth Century Tibet," *Asian Medicine: Tradition and Modernity* 2, no. 2 (2007): 204–24.
- 29** *The Blue Annals*, trans. George N. Roerich (New Delhi: Motilal Banarsidass, 1976).
- 30** Ibid., 128.
- 31** Ibid., 453.
- 32** Ibid., 679.
- 33** Ibid., 606.
- 34** Ibid., 674.
- 35** Ibid., 685.
- 36** Ibid., 899.
- 37** Ibid., 946.
- 38** Ibid., 996.
- 39** Garrett, "Eating Letters in the Tibetan Treasure Tradition."
- 40** Some additional examples can be found in Garrett, "Tapping the Body's Nectar."
- 41** Sangye Lingpa (Sangs rgyas gling pa), "Kha Zas Kyi De Nyid Gsal Ba Byang Chub Lam Gyik Bdud Rtsi," in *Bla Ma Dgongs 'Dus* (Gangtok: Sonam Topgay Kazi, 1972), 582.
- 42** Ibid., 581.
- 43** A more thorough discussion of these practices can be found in Frances Garrett, "Shaping the Illness of Hunger: A Culinary Aesthetics of Food and Healing in Tibet," *Asian Medicine: Tradition and Modernity* 6, no. 1 (2011): 33–54.
- 44** For more on these practices, see Garrett, "'What Children Need': Making Childhood with Technologies of Protection and Healing," in *Little Buddhas*, ed. Vanessa Sasson (New York: Oxford University Press, 2012), 183–205.

Chapter 10

Pages 198–220

- 1** See Janet Gyatso, *Being Human in a Buddhist World: The Intellectual History of Medicine in Early Modern Tibet* (New York: Columbia University Press, forthcoming), chap. 1.
- 2** Desi Sangye Gyatso (Sangs rgyas rgya mtsho, Sde srid), *Gso ba rig pa'i bstan bcos sman bla'i dgongs rgyan rgyud bzhi'i gsal byed bai dur sngon po'i ma lli ka* [hereafter *Bai sngon*, "Blue Beryl"], vol. 4 (Leh: T. Y. Tashigangpa, 1973), 487.
- 3** Sangye Gyatso, *Bai sngon*, "Blue Beryl," 491.
- 4** Desi Sangye Gyatso, *Dpal idan gso ba rig pa'i khog 'bugs legs bshad baidurya'i me long drang srong dgyes pa'i dga' ston* [hereafter *Khog 'bugs*, "Mirror of Beryl"] (Lanzhou: Kansu'u Mi rigs dpe skrun khang, 1982), 386.
- 5** Troru Tsenam (Khro ru Tshe rnam), "Bod lugs gso rig slob gr'a rim byung gi lo rgyus gsal ba'i gnam dngul dkar me long," in *Bod sman slob gso dan zhib 'jug* 1 (1996), 7.
- 6** These activities studied in detail in Gyatso, *Being Human in a Buddhist World*. See also Fernand Meyer, "The Golden Century of Tibetan Medicine," in Françoise Pommaret, *Lhasa in the Seventeenth Century: the*

- Capital of the Dalai Lamas*, trans. Howard Solverson (Leiden: Brill, 2003), 99–117; and Kurtis Schaeffer, “New Scholarship in Tibet, 1650–1700,” in *Forms of Knowledge in Early Modern Asia: Explorations in the Intellectual History of India and Tibet, 1500–1800*, ed. Sheldon Pollock (Durham: Duke University Press, 2011), 291–310. On Qianlong’s activities, see Marta Hanson, “The ‘Golden Mirror’ in the Imperial Court of the Qianlong Emperor, 1739–1742,” *Early Science and Medicine* 8, no. 2 (2003): 111–47.
- 7** Sangye Gyatso, *Bai sngon*, “Blue Beryl,” 494. At the time he wrote this comment, the Fifth Dalai Lama had died and the Desi would have been referencing the general office of the Dalai Lama.
- 8** Kenneth Zysk, *Asceticism and Healing in Ancient India: Medicine in the Buddhist Monastery* (New York: Oxford University Press, 1991). See also the introduction to this volume.
- 9** Jampa Trinle (Byams pa ‘phrin las), *Bod kyi gso rig rgyud bzhi’i nang don mtshon pa’i sman thang bris cha’i skor la rags tsam dpyad pa* [hereafter *Nang don*], in *Byams pa ‘phrin las kyi gsung rtsom phyogs bsgrigs* (Beijing: Krung go’i bod kyi shes rig dpe skrun khang, 1997), 370–71. See also Yuri Parfionovitch, Gyurme Dorje, and Fernand Meyer, eds., *Tibetan Medical Paintings: Illustrations to the Blue Beryl Treatise of Sangye Gyamtso (1653–1705)*, vol. 1 (London: Serindia, 1992), 11.
- 10** Such as the Sman thang pa tradition of iconometry, which dates at least to the 15th century, cited in the colophon to Plate 49; see also Parfionovitch, Dorje, and Meyer, eds., *Tibetan Medical Paintings*, vol. 2, n. 154.
- 11** Ibid., vol. 1, 10–11.
- 12** See also Bryan J. Cuevas, “Illustrations of Human Effigies in Tibetan Ritual Texts: With Remarks on Specific Anatomical Figures and Their Possible Iconographic Source,” *Journal of the Royal Asiatic Society* 3, no. 21.1 (2011): 173–97; and Emilie Savage-Smith, “The Depiction of Human Anatomy in the Islamic World,” in *Science, Tools & Magic. Part One: Body and Spirit, Mapping the Universe*, vol. 12, Nasser D. Khalili Collection of Islamic Art, ed. Francis Maddison and Emilie Savage-Smith (London, Nour Foundation in association with Azimuth Editions and Oxford University Press, 1997), 14–24.
- 13** Entitled *Ajā’ib al-makhlūqāt wa-gharā’ib al-mawjūdāt (Marvels of Things Created and Miraculous Aspects of Things Existing)*, it is manuscript P2 at the US National Library of Medicine. See http://www.nlm.nih.gov/hmd/arabic/natural_hist4.html and also <http://www.nlm.nih.gov/hmd/arabic/p18.html>.
- 14** Benjamin Elman, *On Their Own Terms: Science in China, 1550–1900* (Cambridge, MA: Harvard University Press, 2005), ch. 1; Roel Sterckx, “The Limits of Illustration: Animalia and Pharmacopeia from Guo Pu to Bencao Gangmu,” *Asian Medicine* 4 (2008): 357–94. See also Raul Sterckx, *The Animal and the Daemon in Early China* (Albany: State University of New York Press, 2002); and Carla Nappi, *The Monkey and the Inkpot: Natural History and its Transformations in Early Modern China* (Cambridge, MA: Harvard University Press, 2009).
- 15** Cf. Hanson, “The ‘Golden Mirror.’” I have compared the gender representation in the Desi’s set to the *Golden Mirror* as studied by Yi-Li Wu, “The Gendered Medical Iconography of the *Golden Mirror* (Yuzuan yizong jinjian 1742)” *Asian Medicine* 4 (2008): 452–91. See Janet Gyatso, “Looking for Gender in the Medical Paintings of Desi Sangye Gyatso, Regent of the Tibetan Buddhist State,” *Asian Medicine* 6 (2010–11): 217–92.
- 16** For early examples, see Deborah Klimburg-Salter, *The Life of the Buddha in Western Himalayan Monastic Art and its Indian Origins: Act One* (Rome: Istituto italiano per il Medio ed Estremo Oriente, 1988); and Amy Heller, “Preliminary Remarks on the Donor Inscriptions and Iconography of an 11th-Century Mchod rten at Tholing,” in *Tibetan Art and Architecture in Context*, ed. Erberto Lo Bue and Christian Luczanits (Halle: International Institute for Tibetan Studies, 2010), 43–74.
- 17** Examples include the murals of the life of the Buddha and the story of Sudhana from the Gaṇḍavyūha sutra at Tabo: see Klimburg-Salter, *The Life of the Buddha*, figs. 120–32. On early 14th-century murals of the life of the Buddha at Zhwa-lu and Jonang, see Roberto Vitali, *Early Temples of Central Tibet* (London: Serindia, 1990). On the *Lalitavistara* murals at the Red Temple at Tsaparang from the 16th century, see Amy Heller, *Tibetan Art: Tracing the Development of Spiritual Ideals and Art in Tibet 600–2000 A.D.* (Milan: Jaca Book, 1999), 185. An important early instance of the life of the Milarepa in painting is from the late 15th century: Pascale Dollfuss, “Peintures Tibétaines De La Vie De Mi-La-Ras-Pa,” *Arts Asiatiques* 46 (1991): 50–71.
- 18** On the early cases, see Amy Heller, “Preliminary Remarks on Painted Wooden Panels from Tibetan Tombs,” in *Scribes, Texts, and Rituals in Early Tibet and Dunhuang*, ed. Brandon Dotson (forthcoming). Good examples of temple or monastery murals of building scenes and related celebrations may be found at Tsaparang and Sakya.
- 19** Sangye Gyatso, *Bai sngon*, “Blue Beryl,” 489.
- 20** Sachiko Kusukawa, “Image, Text and Observation: De Codex Kentmanus,” *Early Science and Medicine* 14 (2009): 445–75.
- 21** Lading Jampa Kalzang (Lha sdings Byams pa skal bzang), ed. *Pho brang po ta la’i ldebs bris ri mo’i ‘byung khungs lo rgyus gsal ba’i me long: A Mirror of the Murals in the Potala* (Beijing: Jiuzhou Book Publishers, 2000), 137.
- 22** Sangye Gyatso, *Bai sngon*, “Blue Beryl,” 494. This comment refers to the set at an initial stage when it only included 60 plates. The Potala mural (see note 21) labels the artists as Bstan’dzin nor bu, and Lum shag dGe snyen.
- 23** Plates 6 and 7 in the original set; mentioned in Sangye Gyatso, *Bai sngon*, “Blue Beryl,” 486, and Sangye Gyatso, *Khog ‘bugs*, “Mirror of Beryl,” 388. These were not included in the Ulan Ude set.
- 24** Sangye Gyatso, *Bai sngon*, “Blue Beryl,” 492, 494. More plates were added to an initial set of 60 on several occasions over a period lasting more than a decade, until the final number of 79 plates were completed, at some point after 1697. Cf. Jampa Trinle, *Nang don*, 372. In the Desi’s *Thams cad mkhyen pa drug pa blo bzang rin chen tshangs dbyangs rgya mtsho’i thun mong phyi’i mam par thar pa du kū la’i ‘phro ‘thud rab gsal gser gyi snye ma* (Lhasa Shol blockprint, f. 203b), he reports offering a set of 62 medical paintings to the Sixth Dalai Lama when he ascended the throne (which would have been in 1697). The Desi lists the full set of 79 paintings in Sangye Gyatso, *Nang don*, 386–94.
- 25** On the Desi’s patronage of artists, see David Jackson, *A History of Tibetan Painting* (Vienna: Österreichische Akademie der Wissenschaften, 1996), 206–14.
- 26** Jampa Trinle, *Nang don*, 374.
- 27** Ibid. This opinion is attributed to what a scholar of antiquities told Jampa Trinle about the medical paintings at the Dzobug (mDzod-sbug) of the Jangsel Phodrang (sPyan gsal pho brang) at Norbulinka, which number 164.
- 28** Ferdinand Lessing had a copy made of 12 medical paintings from there and brought them back to the East Asiatic Library of University of California at Berkeley; see I. Veith, *Medizin in Tibet* (Leverkusen: Bayer, 1960).
- 29** Katherina Sabernig of the Medical University of Vienna, paper delivered at the 12th seminar of the International Association of Tibetan Studies held in Vancouver in August 2010. Parts of the medical paintings were also rendered as frescoes at Labrang; see vignette 2 in this volume for more information.
- 30** The Field Museum in Chicago has several anatomical paintings, obtained by Berthold Laufer, that Meyer thinks are from Yonghe Gong; Parfionovitch, Dorje, and Meyer, *Tibetan Medical Paintings*, vol. 1, 5. There is also a small set of the mnemonic diagrams of “unfolded trees” and anatomy in the private collection of Thomas Pritzker, although these do not seem to be a direct copy from the Desi’s set but are very close; I am grateful to Amy Heller for sending me photos of these images (see figs. in chaps. 1, 2, and 4 for images from this collection). We also know of some copies in a private collection in Vienna. Modern copies of the set include one prepared by a Nepalese artist and published in Laila Williams and Serenity Young, eds., *Body and Spirit: Tibetan Medical Paintings* (New York: American Museum of Natural History in association with University of Washington Press, 2009), and two newly made sets held at the Tibetan Medical College and the Mentiskhang in Lhasa.
- 31** Kristina Lange, “Eine Anatomische Tafel zur Lamaistischen Heilkunde,” *Annals of the Naprstek Museum* 3 (1964): 65–85.
- 32** Jampa Trinle, *Nang don*, 374–75.
- 33** See Parfionovitch, Dorje, and Meyer, *Tibetan Medical Paintings*, 8, and Natalia Bolsokhoyeva, “Tibetan Medical Illustrations from the History Museum of Buryatia, Ulan Ude,” *Asian Medicine* 3 (2007) 347–67.
- 34** A set from Mentsikhang is published in Wangle and Byams-pa-‘phrin-las, *Bod lugs gso rig rgyud bzhi’i nang don bris cha ngo mtshar mthong ba don ldan* (Lhasa: Bod ljongs mi dmangs spe skrun khang, 2004). See also Jampa Trinle, *Nang don*, 374, on the seal on the back of one of these plates.
- 35** Some of the plates at Norbulingka were published in Ti Huang, ed., *Bod kyi thang kha* (Beijing: Rig dngos dpe skrun khang, 1985), pls. 130–38, and in *Trésors du Tibet: Région Autonome du Tibet/Chine* (Paris: Muséum National D’Histoire Naturelle, 1987), pls. 86–93.
- 36** Theresia Hofer told me in a

personal communication that she was informed by Jampa Trinle that he negotiated the transfer of the remaining medical paintings at Chagpori to the Mentsikhang in March 1959, before Chagpori was shelled.

37 See chapter 11 in this volume for more information.

38 Florike Egmond, Paul Hoftijzer, Robert Visser, eds., *Carolus Clusius: Towards a Cultural History of a Renaissance Naturalist* (Amsterdam: Koninklijke Nederlandse Akademie van Wetenschappen, 2007).

39 That even includes a brief reiteration at the beginning of each chapter, in addition to the beginning and end of each treatise.

40 These issues studied in detail in my forthcoming book *Being Human*. The history of this debate was first brought to the attention of Western scholarship by Samten G. Karmay in “Vairocana and the Rgyud-bzhi,” *Tibetan Medicine* 12 (1989): 19–31 (reprinted in Samten G. Karmay, “The Four Tibetan Medical Treatises and their Critics,” in S. G. Karmay, *The Arrow and the Spindle* [Kathmandu: Mandala Book Point, 1998], 228–37). See also Janet Gyatso, “Experience, Empiricism, and the Fortunes of Authority: Tibetan Medicine and Buddhism on the Eve of Modernity,” in *Forms of Knowledge in Early Modern Asia: Explorations in the Intellectual History of India and Tibet, 1500–1800*, ed. Sheldon Pollock (Durham: Duke University Press, 2011), 311–35. Yang Ga has contributed invaluable to the debate about the authorship of the *Gyushi* in his unpublished doctoral dissertation, “The Sources for the Writing of Rgyud bzhi, Tibetan Medical Classic” (PhD diss., Harvard University, 2010).

41 The figure who is shown writing merely depicts a scene of rest, which should not be followed too quickly by vigorous activity, such as hauling a heavy load.

42 Yuthog Yonten Gonpo (G.yu thog Yon tan mgon po), *Bdud rtsi snying po yan lag brgyad pa gsang ba man ngag gi rgyud*

[hereafter *Rgyud bzhi*, “*Four Tantras*”] (Lhasa: Bod ljongs Mi dmangs dpe skrun khang, 1992), 243. The *Blue Beryl* talks of these things in more detail, bemoaning the sadness of the degenerate age and the decline of morality, but then moves seamlessly to discuss, also in detail, the other actions that cause illness; Sangye Gyatso, *Bai sngon*, “*Blue Beryl*,” 646–47.

43 The images illustrate Yuthog Yonten Gonpo, *Rgyud bzhi*, “*Four Tantras*,” 567, which only mentions sex, or sleeping together (*nyal po*); Sangye Gyatso, *Bai sngon*, “*Blue Beryl*,” 85, elaborates by glossing *nyal po* as “sleeping together with a female, or otherwise the types (of activities) that become (the occasion for) the depletion of vital fluids.” The visual translation goes yet a step further by dividing the latter into homosexual activity and masturbation on one’s own.

44 We have no evidence at this time that there were female physicians in the Sowa Rigpa tradition prior to the modern period. Tashi Tsering, “Outstanding Women in Tibetan Medicine,” in *Women of Tibet*, ed. Janet Gyatso and Hanna Havnevik (London: Hurst; New York: Columbia University Press, 2005), 169–94.

45 Yuthog Yonten Gonpo, *Rgyud bzhi*, “*Four Tantras*,” 96–97.

46 *Ibid.*, 550.

47 As in its list of the audience for the teaching of the text, which includes Hindu gods and sages from Ayurvedic tradition (Yuthog Yonten Gonpo, *Rgyud bzhi*, “*Four Tantras*,” 3), and in its survey of the many places from which medical teachings (all attributed to the Buddha) have been incorporated into the work, including those from China, India, Dolpo, the *Carakasamhitā*, and several Buddhist sources. (Yuthog Yonten Gonpo, *Rgyud bzhi*, “*Four Tantras*,” 660).

48 *Ibid.*, 666.

Vignette 2

Pages 221–225

1 A detailed examination of the content and value of

these murals is part of my current research project at the University of Vienna, funded by the Austrian Science Fund (FWF project P 22965-G21). For findings, see Katharina Sabernig, “On the History of the Murals in the Medical College of Labrang,” *Asian Medicine: Tradition and Modernity* 7, no. 2 (forthcoming).

2 Thubten Tsering [Thub bstan tshe ring], “*Gangs ljongs sman pa’i grong khyer lcags ri’gro phan rig byed gling gi byung rabs brjod pa gsar ba’i sgron me*” (History of the Medical City of Tibet: The Spot Benefiting Sentient Beings, Called Clear Lamp, written in 1986 in Lhasa and translated into English by Rabgay in 1996), in Robert Gerl and Jürgen C. Aschoff, *Die Medizinhochschule Tschagpori (lcags po ri) auf dem Eisenberg in Lhasa: Geschichte-Fakten-Zeitzeugen* (Ulm: Fabri Verlag, 2005), 63; Jampa Trinle (Byams pa ’phrin las), *Gangs ljongs gso rig bstan pa’i nyin byed rim byon gyi rnam thar phyogs bsgrigs* (Beijing: Mi rigs dpe skrun khang, 2000), 365; and Yonten Gyatso (Yon tan Rgya tso) and Katia Buffetrille, “Labrang — Tibetan Medicine: the medical college of Labrang monastery,” *Newsletter of the International Association for the Study of Traditional Asian Medicine* (1987), 7.

3 Paul Nietupski, *Labrang Monastery: A Tibetan Buddhist Community on the Inner Asian Borderlands, 1709–1958*, Studies in Modern Tibetan Culture (Lanham: Lexington Books, Rowman & Littlefield Publishers, 2011), 21.

4 Darma Menrampa Lozang Chodrag (Dar mo sman rams pa Blo bzang chos grags blo bzang), “Bshad rgyud kyi sdong vgrems legs bshad gser gyi thur ma zhes bya ba bzhugs so” (legs bshad gser gyi thur ma // bkav phreng mun sel sgron me) (Beijing: Mi rigs dpe skrun khang, 2005), 1–143.

5 Manfred Taube, *Beiträge zur Geschichte der medizinischen Literatur Tibets* (Saint Augustin: VGH Wissenschaftsverlag, 1981), 73.

6 Fernand Meyer, “Introduction: The Medical Paintings of Tibet,”

in *Tibetan Medical Paintings: Illustrations to the ‘Blue Beryl’ treatise of Sangs rgyas Rgya mtsho (1653–1705)*, vol. 1 (London: Serindia, 1992), 9; Desi Sangye Gyatso, *Baidurya sngon po: Being the text of ‘gso ba rig pavi bstan bcas sman blavi dgongs rgyan rgyud bzhivi gsal byed bai durya sngon povi ma lli ka*, vol. 4 (Leh: T.Y. Tashigangpa, 1973), 1–3.

7 For the Ulan Ude set, see Yuri Parfionovitch, Dorje Gyurme, and Fernand Meyer, eds., *Tibetan Medical Paintings: Illustrations to the ‘Blue Beryl’ Treatise of Sangs rgyas Rgya mtsho (1653–1705)*, 2 vols. (London: Serindia, 1992). For the Lhasa set, see Jampa Trinle and Wang Lei (Byams pa’ phrin las and Wang lei), *Bod lugs gso rig rgyud bzhivi nang don bris cha ngo mtshar mthong ba don ldan (Tibetan Medical Thangka of the Four Medical Tantras)*, trans. Cai Jingfeng (Lhasa: Bod ljongs Mi dmangs dpe skrun khang, 1992).

8 Fernand Meyer, “The Golden Century of Tibetan Medicine,” in *Lhasa in the Seventeenth Century: The Capital of the Dalai Lamas*, ed. Françoise Pommet, trans. Howard Solverson (Leiden and Boston: Brill, 2003), 110; Janet Gyatso, “Experience, Emiricism, and the Fortunes of Authority: Tibetan Medicine and Buddhism on the Eve of Modernity,” in *Forms of Knowledge in Early Modern Asia: Explorations in the Intellectual History of India and Tibet, 1500–1800*, ed. Sheldon Pollock (Durham, NC: Duke University Press, 2011), 311.

9 For historical and contemporary developments in Labrang, see Paul Nietupski, *Labrang: A Tibetan Buddhist Monastery at the crossroads of four civilisations, Photos from The Griebenow Archives, 1921–1949* (Ithaca, NY: Snow Lion, 1999); Paul Nietupski, *Labrang Monastery: A Tibetan Buddhist Community on the Inner Asian Borderlands, 1709–1958*, Studies in Modern Tibetan Culture (Lanham: Lexington Books/Rowman & Littlefield Publishers, 2011); Martin Slobodnik, “Destruction and Revival: The Fate of the Tibetan Buddhist Monastery Labrang

in the People’s Republic of China,” *Religion, State & Society* 32, no. 1 (2004): 8–19; and Charlene Makley, *The Violence of Liberation: Gender and Tibetan Buddhist Revival in Post-Mao China* (Berkeley, Los Angeles, and London: University of California Press, 2007).

10 Jampa Trinle, *Gangs Ljongs Gso Rig Bstan Pa’i Nyin Byed Rim Byon Gyī Rnam Thar Phyogs Bsgrigs* (Beijing: Mi rigs dpe skrun khang, 2000), 492/15.

11 *Ibid.*, 488/1–493/10.

12 For an interview with Tenzin Palchok, see Robert Gerl and Jürgen C. Aschoff, *Die Medizin-hochschule Tschagpori (lcags po ri) auf dem Eisenberg in Lhasa: Geschichte-Fakten-Zeitzeugen* (Ulm: Fabri Verlag, 2005), 152.

Chapter 11

Pages 226–245

1 He was originally from Kham, Eastern Tibet and educated at Sera Monastery outside Lhasa. His dates seem to be disputed, but he was probably born in 1672. For a hagiography of this pharmacologist, see “De’u dmar dge bashad bstan ’dzin phun tshogs kyi rnam thar dang pa’l bon shes bya ba bzhugs so,” in Deumar Tenzin Phuntsog, *Gsung thor bu* (Collected works of Deumar Tenzin Phuntsog), vol. 1, folio 11–18, Tibetan Buddhist Resource Center, TBRC W7532.

2 *Ibid.*, *Bdud rtsi sman gyi rnam dbye nus ming rgyas bar bshad pa shel gong shel phreng shes bya ba bzhugs so*. (Pe cing: Mi rigs dpe skrun khang, 2005).

3 *Ibid.*, 3–46.

4 *Ibid.*, 3–46

5 *Ibid.*, 72, 73. Author’s translation.

6 For such issues in contemporary times, see Dawa, “*Materia Medica of Tibetan Medicine: Identification, Quality Check and Protection Measures*” *Asian Medicine: Tradition and Modernity* 5 (2009): 407–32.

7 Including the Tibetan *Gso spyad sngo sbyor tshogs kyi man ngag rinchen ‘khrungs dpe bstan pa* (*A Tibetan Botanical Treatise on the Recognition of*

Medicinal Plants), which has been reproduced by Tashi Tashigangpa from a rare and incomplete manuscript from Kham, owned by Tondrup tashi (Leh, 1974). Also, see the *Bod kyi sngo sman (Four Treatises on the Principles and Practice of Tibetan Medicine) including an extremely rare eighth-century manuscript*, reproduced from the original manuscripts from the personal library of Rai Bahadur T. D. Densapa (Burmik Athing) (Dharamsala: Library of Tibetan Works and Archives, 1980).

8 *De'u dmar dge bashad bstan 'dzin phun tshogs kyi nram thar*, TBRC.

9 Cf. Nancy Chen, *Food, Medicine, and the Quest for Good Health* (New York: Columbia University Press, 2009).

10 Desi Sangye Gyasto (Sangs rgyas rgya mtsho) [1687–88], *Gso ba rig pa'i bstan bcos sman bla'i dgong rgyan rgyud bzhi'i gsal byed Vaid ur' ngon po'i malli ka (Blue Beryl)* (Lha sa: Bod ljong mi dmang dpe skrun khang, 1982).

11 Denise Glover, *Up from the Roots: Contextualizing Medicinal Plant Classification of Tibetan Doctors in Rgyalthing*, PRC (PhD thesis, University of Washington, 2005), 189, 190.

12 Tashi Tashigang, 'Preface' to *Principles of Lamaist Pharmacocognosy, being the text of the Dri med shel gong Dri med shel phreng, and the Lag len gces bsdus* (Leh: Tashigang, 1970). For a scan of the Lhasa Chagpori edition, see TBRC, ref. W1KG1573.

13 Carla Nappi, *The Monkey and the Inkpot: Natural History and Its Transformations in Early Modern China* (Cambridge, MA, and London: Harvard University Press, 2009).

14 Jampal Dorje ('Jam dpal rdo rje), *Gso byed bdud rtsi'i 'khrul me ngos 'dzin bso rig me long du rnam par shar pa mtshar mig rgyan zhes bya ba bzhungs so* (n.d.). The original from the private collection of His Holiness Z. D. Gomboyev, was made available by Lokesh Chandra, ed., *An Illustrated Tibeto-Mongolian Materia Medica of Ayurveda of Jam-dpal rdo-rje of Mongolia*, vol. 82 (New Delhi: Sata-pitaka

Series of the International Academy of Indian Culture, 1971). On this text, see Gene Smith, "Foreword," in Chandra, *An Illustrated Tibeto-Mongolian Materia Medica*; and Petr Banzragch and Barbara Gerke, "Some Notes on the Famous Mongolian Pharmacologist Jambal Dorje," *Ayur Vijnana* 8 (2002): 34–39. There is also a recent Arura reprint of the text.

15 Cf. Wim Van Spengen, *Tibetan Border Worlds* (London and New York: Kegan and Paul International, 2000).

16 Whether Jampal Dorje was involved in such exchanges is not currently known, but it was commonplace, especially in the border regions of Tibet and Mongolia during the 18th century, as is evident in the case of Situ Panchen Rinpoche, a high lama and physician with base at Palpung, who also studied Chinese medical works and gave preference to certain Chinese treatment regimens (see chapter 4). There are also a few other medical texts, which correlate Chinese to Tibetan *materia medica* names. See Bod rang skyong ljongs sman tsi khang. *Bod lugs gso rig dpe rnying dkar chag (Tibetan–Chinese–English Catalogue of the Tibetan Traditional Medicine Books)*. (Lha sa: Mi rigs dpe skrun khang, 2006).

17 That he was a layman is evident from the colophon, where we read that "this work was written by Upasika Naiman Jampal Dorje," *upasika* referring to a Buddhist layperson who follows the five lay precepts of not killing, stealing, lying, sexual misconduct, and not taking any intoxicants.

18 More on his work and biography, see Smith, "Foreword" to *An Illustrated Tibeto-Mongolian Materia Medica*; and for the only fuller English biographical notes on Jampal Dorje, see Banzragch and Gerke, "Some Notes on the Famous Mongolian Pharmacologist Jambal Dorje," 37.

19 The copy in St. Petersburg is held at the Institute of Oriental Manuscripts, Russian Academy of Science, St. Petersburg.

20 Such as the *Four Tantras*, *Blue Beryl*, and *Ten Million Relics*. In the colophon it also mentions the *Oral transmission of the Elders* by Zurkar Lodro Gyalpo and other commentaries on the *Four Tantras*. Smith, E. G. "Foreword" to *An Illustrated Tibeto-Mongolian Materia Medica*.

21 Smith, E. G. "Foreword" to *An Illustrated Tibeto-Mongolian Materia Medica*. Mongolian physicians consider this work outstanding, not only due to the wonderful images but also because it corrected practical and theoretical mistakes of earlier Mongolian pharmacognostic works. See Ulziibayar, quoted in translation, in Banzragch and Gerke 'Some notes on the Famous Mongolian Pharmacologist Jambal Dorje', 37.

22 Li Shizhen, *Ben cao gang mu wan fang lei zuan*. (ed.) Xu Hengfeng bian (Taipei: Wen sheng shu ju, 1978).

23 I would like to thank the participants of the "Text in Translation" group at the Wellcome Trust Center for the History of Medicine in spring 2008 for comparative reading of the two texts and Michael Stanley Baker for clarifications and references to original editions of *Bencao Gangmu*.

24 Entitled *Gso byed bdud rtsi'i 'khrul med ngos'dzin bzo rig me long du rnam par sar pa mdzes mtshar mig rgyan Dri med shel phreng*.

25 For full details of Jampal Dorje's classification of *materia medica*, see the Table of Contents in *An Illustrated Tibeto-Mongolian Materia Medica of Ayurveda of 'Jam-dpal rdo-rje of Mongolia*, 3–20.

26 Li Shizhen, *Ben cao gang mu wan fang lei zuan*. (ed.) Xu Hengfeng bian (Taipei: Wen sheng shu ju, 1978).

27 This second part is titled the *Dri med shel phreng nas bhsad pa'i sman gyi'khrungs dpe mdzes mtshad (sic) mig rgyan*. It is attributed in its colophon to Ye shes don grub bstan pa'i rgyal mtshan, likely an alternative name for Jampal Dorje.

28 I am most grateful to Professor Thubten Phuntsog

for alerting me to the existence of this manuscript during a meeting in Beijing in summer 2007 and to Stacey Van Vleet for providing additional information and sharing sample images in spring 2012. A fuller study of this manuscript will be a part of Van Vleet's doctoral dissertation at Columbia University where she is based in the History Program.

29 I would like to thank Tashi Tsering from the Amnye Mache Institute in Dharamsala, for sending me a complete set of images of this manuscript and Dr. Tsering Norbu from the Men-Tsee-Khang for additional information.

30 Its full Tibetan title is: *Bshad rgyud le' bcu dgu pa rkyang sel sman gyi 'khrungs dpe ngo mtshar lta na sdug pa shel dkar melong*. I translate this as *Crystal Mirror of Marvelous Tanadug: The Explanatory Tantra's Medical Simples of Chapter Nineteen*. I am most grateful to Stacey Van Vleet, Columbia University, for letting me study her photographs of this manuscript and for providing supplementary information. I am equally indebted to Professor Thubten Phuntsog who first made me aware of this manuscript and shared with me the story of how it has been passed on into contemporary times in his home area.

31 Van Vleet, personal communication, 2012. Plates 25 to 32 of the Lhasa set, correspond to Plates 23 to 31 of the Ulan Ude set. Apart from their different styles of execution, another difference is that the Lhasa set uses cursive script (*umed*) in all labels, whereas the Ulan Ude set uses print letters (*uchen*).

32 This corresponds to Plate 25 of the Lhasa set.

33 European authors have tried to identify these five according to the Linnaean system as *Plectranthus sp.*, *Marrubium incisicum Benth.*, *Plecanthum irroratus G. Forrest et Diels*, *Plecanthum sp.* and the last as either *Elsholtzia calyocarpa/Nepeta cataria* or *Erodium* or *Geranium*. See Yuri Parfionovitch, Fernand Meyer, and Gyurme Dorje, eds., *Tibetan Medical Paintings: Illustrations to the*

"Blue Beryl" Treatise of Sangye Gyamtso (1653–1705), 2 vols. (London: Serindia Publications; New York: Harry N. Abrams, Inc. Publishers, 1992), 223.

34 Desi Sangye Gyatso here list: 'black inferior *zhim thig*,' 'white and yellow *zhim thig*' (as one item), 'black superior *zhim thig*,' 'black *zhim thig le*,' and another so-called subtype of 'black *zhim thig*.' The *Crystal Mirror of Marvelous Tanaduk* illustrates these plants in exactly the same order and style, but gives them different names: 'black superior *zhim thig*,' 'white superior *zhim thig*,' 'black inferior *zhim thig*,' an unidentified item, and as the last, a certain '*Sangye zhim thig*.'

35 In contrast, the *Four Tantras* mentions three types of this plant, which are all indicated for cataract and as an anthelmintic, while the *Blue Beryl* gives five types in the text.

36 For example, what is labeled as *A ba* in Desi Sangye Gyatso's paintings (phon. *Awa*), and its underlying texts *Four Tantras* and *Blue Beryl*, is rendered *A mra* in the current manuscript. This could either be a spelling mistake or indeed this plant was given different names in Lhasa and in Kham.

37 Jamgon Kongtrul Lodro Thaye ('Jam mgon kong sprul blo gros mtha' yas) Van Vleet, personal communication, 2012.

38 See E. Gene Smith, *Among Tibetan Texts — History and Literature of the Himalayan Plateau*. (Boston: Wisdom Publications, 2001), 235–72.

39 Smith, *Among Tibetan Texts*, 271.

40 Personal conversation with the author, May 2007.

41 See the forthcoming work by van Vleet.

42 I am very grateful to Tashi Tsering of the Amnye Machen Institute in Dharamsala for letting me study his photographs of the work.

43 Khyenrab Norbu (Mkhyen rab nor bu), "Sngo'i sman gyi 'khrungs dpe bsdus pa ngo mtshar gser gyi snye ma," in *Sngo 'bum sman gyi gter mdzod* (Pe cin: mi rigs dpe skrun khang, 2005), TBRC W00EGS1017863, 419–35.

- 44 See Kurtis Schaeffer, "Textual Scholarship, Medical Tradition, and Mahayana Buddhist Ideals in Tibet." *Journal of Indian Philosophy* 31, nos. 5–6 (2003): 621–41.
- 45 Folios 8, 9, 10, 23 and 24 are missing. To the very left hand side of each folio next to the page number, we find a small red seal/stamp sized 1 × 1 cm depicting the syllable *Om*, most likely the seal of the library where the manuscript was most latterly held in Mongolia as it matches the seals on other manuscripts of the same collection acquired by the British Library.
- 46 *Sman bla'i dgongs brgyan brgyud bzhi'i nad gi khrungs d[ig] pe'i schig go*, which I translate as *Medical Simples for the Diseases outlined in the Medicine Buddha's Four Tantras*.
- 47 Natalia Bolsokhoyeva, "Tibetan Medical Illustrations from the History Museum of Buryatia, Ulan Ude," *Asian Medicine* 3 (2007): 347–67.
- 48 There are pronounced changes in hands at folio 12, 21 31, and 40.
- 49 Tucci's travel took place in 1933 to Lahoul, Spiti, West Tibet, and Nepal, 1935 (West Tibet, Ladakh, Nepal), 1937 (Central Tibet), and 1948 (Central Tibet).
- 50 I am profoundly grateful to Alessandro Boesi for sharing his work and insights on this manuscript in advance of full publication. See Alessandro Boesi, "A Preliminary Report on a Tibetan Materia Medica Illuminated Manuscript," in *Proceedings of the Sino-Italian Seminar of Tibetan Studies, China Tibetology Research Center, Beijing, 17 June 2011*, ed. F. Sferra (forthcoming, 2013).
- 51 Personal communication and Boesi, "An Illustrated Ancient Manuscript of Tibetan Materia Medica," (forthcoming).
- 52 Dr. Dawa, *A Clear Mirror of Tibetan Medicinal Plants* (Rome: Tibet Domani, 1999). This work is not discussed here in great detail, as it has been published in Europe and is not available to most Tibetan practitioners and pharmacologists in Asia.
- 53 Bod rang skyongs ljongs gсар
- brije U yon lhan khang gi 'phyod bsten cus, *Bod ljongs rgyun spyod krung dbyi'i sman rigs* (Lhasa: Bod ljongs mi dmangs dpe skrun khang, 1973).
- 54 Craig R. Janes, "The Transformation of Tibetan Medicine," *Medical Anthropologist Quarterly* 9, no. 1 (1995): 6–39; Theresia Hofer, *Tibetan Medicine on the Margins: Twentieth Century Transformations and the Traditions of Sowa Rigpa in Central Tibet* (PhD thesis, University College London, 2011). Based on these initial collaborative efforts, selected plants used in Tibetan medicine could later be included in the standard Chinese medical pharmacopoeia. See Martin Saxer, *Manufacturing Tibetan Medicine: The Creation of an Industry and the Moral Economy of Tibetanness* (New York/Oxford: Berghahn, 2013). I discuss this work in greater depth in forthcoming work.
- 55 *Xizang changyong zhongcao-yao*.
- 56 Denise Glover, "Classes in the Classics: Historical Changes in Plant Classification in Two Tibetan Medical Texts," in *Studies of Medical Pluralism in Tibetan History and Society*, eds. Sienna Craig, Mingji Cuomu, Frances Garrett, and Mona Schrempf (Bonn: International Institute for Tibetan and Buddhist Studies, 2010), 255–77.
- 57 Ibid., 272.
- 58 Ibid., 274. Also cf. Alessandro Boesi, "Plant Categories and Types in Tibetan Materia Medica," *The Tibet Journal* — *Special Edition*, vols. XXX & XXXI, nos. 4 & 5 (1995/1996): 65–90.
- 59 Christa Kletter and Monika Kriechbaum, *Tibetan Medicinal Plants* (Stuttgart: Medpharm, 2001).
- 60 Yeshe Chodon Lama, Sureh K. Ghimire, and Yildiz Aumeeruddy-Thomas, *Medicinal Plants of Dolpo: Amchis' Knowledge and Conservation* (Kathmandu: WWF Nepal, 2001); Lo Khunphen Mentsikhang & School, *Himalayan Doctors and Healing Herbs: The Amchi Tradition and Medicinal Plants of Mustang* (Mustang, Nepal: Lo Khunphen Mentsikhang, 2005); Alessandro Boesi, PhD.
- Chapter 12**
Pages 246–256
- 1 The term "Buryatia" is used here to refer both to the contemporary Buryat Republic as well as the Buryat regions southwest and east of Lake Baikal that fall into other administrative entities of the Russian Federation.
- 2 John Snelling, *Buddhism in Russia: The Story of Agvan Dorzhiev, Lhasa's Emissary to the Tsar* (Shaftesbury, UK: Element Books, 1993); Andrey Terentyev, "Tibetan Buddhism in Russia," *Tibet Journal* 21 (1996): 60–70.
- 3 He probably had daughters as well. According to Balzhir Zhargalov, who has been working on his family's genealogy for more than 30 years, there were seven brothers and seven sisters. As daughters and sisters were traditionally not included in family trees, this cannot be verified.
- 4 See Snelling, *Buddhism in Russia*, 7; Terentyev, "Tibetan Buddhism in Russia," 62. The law was never really enforced, and Buddhist monasticism continued to grow. By 1917 a total of 45 monasteries were up and running with a student and monk population of ca. 13,000–16,000.
- 5 See Boris Gusev, *Doktor Badmayev: Tibetskaya Meditsina, Tsarskiy Dvor, Sovetskaya Vlast* (*Doctor Badmayev: Tibetan Medicine, the Tsar's Court, Soviet Power*) (Moscow: Russkaya kniga, 1995), 8.
- 6 See Vladimir Badmaev, "The Continuation of the Badmaev Family Tradition in its Fifth Generation," *Ayur Vijnana* 7 (2000): 3–54.
- 7 Some sources say 1882. See, e.g., Wladimir Badmajeff, *Lung Tripa Bākan: Grundzüge Der Tibetischen Medizin* (Ulm: Fabri, 1998), 28.
- 8 The dates are controversial. Pyotr's grandson Boris Gusev states that Pyotr was much older when he came to Saint Petersburg. According to photographs and Tatjana Grekova's archival research, these dates seem the most reasonable: Pyotr was born in either 1849 or 1851 and arrived in Saint Petersburg in 1870 (personal
- conversations with Gusev and Grekova in 2003).
- 9 Badmajeff, *Lung Tripa Bākan*, 30ff.
- 10 Witte, the driving force behind Russia's industrialization and the building of the Trans-Siberian Railway, was Minister of Finance from 1892 to 1903 and one of Russia's most influential figures at that time. Witte had also his part in the peace negotiations with Japan after the Russo-Japanese War in 1905 and the October Manifesto after the 1905 revolution. He was a cousin of Madame Blavatsky. See Sergei Yulyevich Witte, *The Memoirs of Count Witte*, ed. Sidney Harcave (Armonk, NY, and London: M. E. Sharpe, 1990).
- 11 Ukhtomsky was an orientalist and the publisher of the *Sankt Peterburgskiy Vyedomosti*. He joined the Tsarevich Nikolai II on his travels to the East in 1890 and 1891.
- 12 See Snelling, *Buddhism in Russia*, 40–73; Tatiana Schaumian, *Tibet: The Great Game and Tsarist Russia* (Delhi: Oxford University Press, 2000), 33–48; Nikolai S. Kuleshov, "Russia and Tibetan Crisis: Beginning at the 20th Century," *Tibet Journal* 21 (1996): 47–59; for a more critical take on Badmayev's proposal and Witte's role, see Jurij Kuz'min, "Pëtr Badmaev, Entrepreneur en Transbaikalie et an Mongolie," *Slavica Occitania* 21 (2005): 201–12.
- 13 Pyotr Kozloff, "The Mongolia-Sze-Chuan Expedition of the Imperial Russian Geographical Society," *Geographical Journal* 36 (1910): 288–310; Francis Edward Younghusband, *India and Tibet: A History of the Relations Which Have Subsisted Between the Two Countries From the Time of Warren Hastings to 1910* (London: John Murray, 1910).
- 14 Alexander Andreyev, "Agwan Dorzhiev's Secret Work in Russia and Tibet," *Tibetan Review* (September 1993): 11–14; Alexander Andreyev, "Soviet Russia and Tibet: A Debacle of Secret Diplomacy," *Tibet Journal* 21 (1996): 4–35.
- 15 Esper Ukhtomsky, *Orientreise seiner Kaiserlichen Hoheit des Grossfürsten-Thronfolgers Nikolaus Alexandrowitsch von Russland 1890–1891 mit zahlreichen wundervollen Abbildungen: Im Auftrage seiner Kaiserlichen Hoheit verfasst von Fürst E. Uchtomskij* (Leipzig: Brockhaus, 1899).
- 16 Shambala is a mystical hidden kingdom, a paradise of wisdom and eternal life. The concept of Shambala forms an essential part of the Kalachakra Tantra and is very important for tantric Tibetan Buddhism in general.
- 17 Alexander Berzin, "Russian and Japanese Involvement with Pre-Communist Tibet: The Role of the Shambhala Legend," http://www.berzinarchives.com/kalachakra/russian_japanese_shambhala.html.
- 18 Robert A. Rupen, "The Buriat Intelligentsia," *The Far Eastern Quarterly* 15 (1956): 383–98.
- 19 First, a periodical entitled *Live in the Border Areas* mentions the following: "In Beijing, several provinces of China as well as in Mongolia and the Eastern Tibetan province of Amdo employees of the Badmayev Trading Company have made friendly relations. With the Dalai Lama closer contact has not yet been established but will soon be... with the help of the Buryat lama Agvan, one of the four principle rulers at the Dalai Lama's court." The journal, a copy of which is in the possession of the Badmayev family archive in Saint Petersburg, was published in Chita in the 1890s, but no exact date is given. Second, photographs and documents exhibited in the museum of the rebuilt Atsagatsky Datsan show that the Tsar gave Agvan Dorzhiev a monogrammed watch for the services he had rendered to Badmayev's agents in Lhasa. Also awarded were Ocir Dzhigmitov — one of Badmayev's agents — and a third Buryat who probably also took part in the expedition.
- 20 Pyotr Badmayev, *O Sisteme Vrachebnoy Nauki Tibeta (On the System of Tibet's Medical Sciences)* (Saint Petersburg: Skoropechatiya "Nadezhda," 1898).

- 21 Cited in Snelling, *Buddhism in Russia*, 85.
- 22 Cf. Alex McKay, *Tibet and the British Raj — The Frontier Cadre 1904–1947* (Dharamsala, Library of Tibetan Works and Archives, 2009); and Hildgard Diemberger and Stephen Hugh-Jones, “The Younghusband ‘Mission’ to Tibet,” special issue of *Inner Asia Journal* 14, no. 1 (2012).
- 23 Snelling, *Buddhism in Russia*, 51ff.
- 24 Tatiana Grekova, *Tibetskaya Medizina V Rossii (Tibetan Medicine in Russia)* (St. Petersburg: Aton, 1998), 81ff.
- 25 Ibid., 198ff.
- 26 Michael R. Dohan, “The Economic Origins of Soviet Autarky 1927/28–1934,” *Slavic Review* 35 (1976): 603–35.
- 27 Deniz Kandiyoti, “Modernisation without the Market? The Case of the ‘Soviet East,’” in *Anthropology, Development and Modernities. Exploring Discourses, Counter-Tendencies and Violence*, ed. Alberto Arce and Norman Long (London: Routledge, 2000), 58f.
- 28 Grekova, *Tibetskaya Medizina V Rossii*, 208ff.
- 29 Adel’ Fedorovna Gammerman, *Overview of Medical Plants in Oriental Medicine*, 3 vols. Thesis submitted to the Department of Pharmacognosy, Chemico-Pharmaceutical Institute, Leningrad, 1941.
- 30 Wladislaw Hedeler, *Stalin’scher Terror 1934–41. Eine Forschungsbilanz* (Berlin: Verlag Basis Druck, 2002); Wladislaw Hedeler, *Chronik Der Moskauer Schauprozesse 1936, 1937 und 1938: Planung, Inszenierung und Wirkung* (Berlin: Akademie-Verlag, 2003).
- 31 Snelling, *Buddhism in Russia*, 252.
- 32 Most probably this treatment was the “brutal massage methods” that Nikolay had to promise to abandon in 1927.
- 33 Cited in Richard Kaufmann, *Die Krankheit Erspüren* (Munich: Piper Verlag, 1985), 18.
- 34 See Badmajeff, *Lung Tripa Bākan*, 28. Pyotr’s grave in Saint Petersburg gives June 29, 1920, as date of his death. It is unclear how old he was at that time. Pyotr’s second wife herself stated that he was much older than 70 when he died. According to Tatjana Grekova, a document from the Russian Gymnasium in Irkutsk states that he was born in 1851. The photograph of his first marriage in 1872 shows a young man who is probably in his 20s but certainly not in his early 60s. The dates remain controversial.
- 35 Konstanti Kowalewski, “Vladimir Badmajeff, Tibetan Doctor in Europe,” *Journal for the Research in Indian Medicine* 8, no. 2 (1973): 101–9; Kaufmann, *Die Krankheit Erspüren*; W. A. Unkrig, “Vorwort Zu: Die tibetische Medizinphilosophie: Der Mensch als Mikrokosmos,” in *Bd. 1* Cyrill von Korvin-Krasinski, *Die tibetische Medizinphilosophie: der Mensch als Mikrokosmos* (Zürich: Origo Verlag, 1953).
- 36 Badmajeff, *Lung Tripa Bākan*.
- 37 Ibid., 34.
- 38 Ibid., 45.
- 39 Interviews with Peter Badmajev, 2003.
- 40 Even within the Polish branch of the family, the spellings of the family name vary greatly. In this article, I use “Badmayev” when referring to the family in general, and the respective spellings chosen by the members of the family when referring to them individually.
- 41 Two documentary films, Franz Reichle’s “The Knowledge of Healing” (icarusfilm.com/new2004/know.html) and Martin Saxer’s “Journeys with Tibetan Medicine,” (www.anyma.ch/journeys) trace the story in more detail.
- 42 See Max Weber, *Wirtschaft und Gesellschaft* (Tübingen: J. C. B. Mohr [P. Siebeck], 1921); Max Weber, *Economy and Society: An Outline of Interpretive Sociology* (Berkeley: University of California Press, 1998), 241.
- Vignette 3**
Pages 257–267
- 1 Knud Larsen and Amund Sinding-Larsen, *The Lhasa Atlas: Traditional Tibetan Architecture and Townscape* (London: Serindia, 2001); André Alexander, *The Temples of Lhasa: Tibetan Buddhist Architecture 7th to 21st Centuries* (London: Serindia, 2005); André Alexander and Pimpim de Azevedo, *The Old City Of Lhasa* (Berlin: VFKA/THF, 1998).
- 2 Vincanne Adams and Fei-Fei Li, “Integration or Erasure?: Modernizing Medicine at Lhasa’s Mentsikhang,” in *Tibetan Medicine in the Contemporary World — Global Politics of Medical Knowledge and Practice*, ed. Laurent Pordié (London: Routledge, 2008), 105–32; Byams-pa’ phrin-las, *Gso rig lo rgyus* (Beijing: Mi rigs dpe skrun khang, 2004); Tenzin Choedrak, *The Rainbow Palace* (London: Bantam Books, 2000); Sienna Craig, “A Crisis in Confidence: A Comparison between Shifts in Tibetan Medical Education in Nepal and Tibet,” in *Soundings in Tibetan Medicine — Anthropological and Historical Perspectives. Proceedings of the 10th Seminar of the International Association for Tibetan Studies, Oxford 2003*, ed. M. Schrempf (Leiden: Brill, 2007), 127–54; Sienna Craig, *Healing Elements — Efficacy and the Social Ecologies of Tibetan Medicine* (Berkeley: University of California Press, 2012), esp. chap. 7; Robert Gerl and Jürgen Aschoff, *Der Tschagpori in Lhasa — Medizinhochschule und Kloster* (Ulm: Fabri Verlag, 2005); Craig R. Janes, “The Transformation of Tibetan Medicine,” *Medical Anthropologist Quarterly* 9, no. 1 (1995): 6–39; Fernand Meyer, “The Golden Century of Tibetan Medicine,” in *Lhasa in the Seventeenth Century — The Capital of the Dalai Lamas*, ed. Françoise Pommaret (Leiden: Brill Academic Publishers, 2003), 99–117; Thub bstan tshe ring, “Gangs ljong sman pa’i grong khyer lcags ri’ gro phan rig byed gling gi byung rabs brjod pa gsal pa’i sgron me zhes bya ba bzhugs so” (History of the Medical City of Tibet, the Spot Benefitting Sentient Beings, called the Clear Lamp), in *Bod kyi sman rtsis ched rtsom phyags bsdus (Summary of Texts on Tibetan Medicine)* (Lhasa: Tibetan People’s Publishing House, 1986), 148–81; Stacey van Vleet, “Children’s Healthcare and Astrology in the Nurturing of a Central Tibetan Nation-State, 1916–24,” *Asian Medicine: Tradition and Modernity* 6, no. 2 (2010–11): 348–86.
- 3 In line with common practice, we use the English spelling Mentsikhang for the institute in Lhasa and Men-Tsee-Khang for the Dharamsala Institute.
- 4 Stephan Kloos, “Tibetan Medicine in Exile: The Ethics, Politics and Science of Cultural Survival” (PhD diss., University of California at San Francisco and Berkeley, 2010); *ibid.*, “The History and Development of Tibetan Medicine in Exile,” *Tibet Journal* 33, no. 3 (2008): 15–49.
- 5 Theresia Hofer, *The Inheritance of Change — Transmission and Practice of Tibetan Medicine in Ngamring* (Vienna: Wiener Studien zur Tibetologie und Buddhismuskunde, 2012), 108.
- 6 Thub bstan tshe ring, “Gangs ljong sman,” Meyer, “The Golden Century of Tibetan Medicine,” 99–101.
- 7 Cyrus Stearns, *King of the Empty Plain: The Tibetan Iron-bridge builder Tangtong Gyalpo* (Ithaca, NY, and Boulder, CO: Snow Lion, 2007), 247; Meyer “The Golden Century of Tibetan Medicine,” 111.
- 8 Other titles for the institute are also found in the literature.
- 9 Thub bstan tshe ring, “Gangs ljong sman.”
- 10 Robert Gerl and Jürgen Aschoff, *Die Medizinhochschule Tschagpori (lcags po ri) auf dem Eisenberg in Lhasa: Geschichte-Fakten-Zeitzeugen* (Ulm: Fabri Verlag, 2005), 58, 59.
- 11 For other drawings of Chagpori, see Jan Van Alphen and Anthony Aris, eds., *Oriental medicine — An Illustrated Guide to the Asian Arts of Healing* (London: Serindia, 1995), 117; Collection of the Zanabazar Museum of Fine Arts, Ulan Batoor (HAR 50151); and the Essen Collection of the Museum der Kulturen, Basel (HAR 3314506).
- 12 Thubten Tsering, “Gangs ljong sman,” 59, 89.
- 13 Ibid., 83.
- 14 Ibid., 86.
- 15 Gerl and Aschoff, *Die Medizin-hochschule Tschagpori*, 90.
- 16 Ibid.
- 17 Terry Clifford, *Tibetan Buddhist Medicine and Psychiatry — The Diamond Healing* (Wellingborough, UK: Crucible, 1994), 61.
- 18 Janes, “Transformations of Tibetan Medicine,” 14.
- 19 Mkhjen rabs nor bu, *Nyer mgo’i sman sbyor ‘mchi med bdud rtsi’i bum bsang*. (Delhi: D. P. Works, n.d.).
- 20 Theresia Hofer, “Tibetan Medicine on the Margins — Twentieth Century Transformations of the Traditions of Sowa Rigpa in Central Tibet” (PhD diss., University College London, 2011); Janes, “Transformations of Tibetan Medicine,” 14; Van Vleet, “Children’s Healthcare and Astrology.”
- 21 Van Vleet, “Children’s Healthcare and Astrology.”
- 22 The reason given for these measures was that the monastery was believed to have provided quarters for the Qing army during their invasion in 1910–12; see Melvyn Goldstein, *A History of Modern Tibet, 1913–1951: The Demise of the Lamaist State* (Berkeley: University of California Press, 1989), 63, 109.
- 23 Jampa Trinle (Byams-pa’ phrin-las) *Gangs ljongs gso rig bstan pa’i nyin byed rim byong gyi rnam thar phyogs bsrigs*. (*Namthar of Famous Doctors of Sowa Rigpa in the Snowland*) (Beijing: Mi rigs dpe skrun khang, 2000), 431, 432.
- 24 Although supposedly dating to 1936, another map of Lhasa (fig. 12) still shows Tengyeling Monastery intact and no signs of the Mentsikhang, except perhaps a small building in the place where it was eventually constructed. As the building stands to this day, we therefore have relied on the survey of the site.
- 25 Byams-pa’ phrin-las, *Gangs ljongs gso rig bstan pa’i nyin byed rim byong gyi rnam thar phyogs bsrigs* (*Namthar of Famous Doctors of Sowa Rigpa in the Snowland*) (Beijing: Mi rigs dpe skrun khang, 2000), 441–42.

- 26 Photos of these are in the collection of Theresia Hofer.
- 27 Jampa Trinle autobiography.
- 28 <http://www.chagpori-tibetan-medical-institute.com/administration-board.htm>
- 29 Van Vleet, "Children's Healthcare and Astrology," 359.
- 30 On her work and life, see Vincanne Adams and Dashima Dovchin, "Women's Health in Tibetan Medicine and Tibet's 'First' Female Doctor," in *Women's Buddhism, Buddhism's Women: Tradition, Revision, Renewal*, ed. E. Findly (Boston: Wisdom Publications, 2000), 433–50; Theresia Hofer, "Changing Representations of the Female Tibetan Medical Doctor Khandro Yangkar (1907–1973)," in *Buddhist Himalayas — Conference Proceedings*, ed. Anna Balikci-Denjongpa and Alex McKay (Gangtok: Sikkim, 2011), 99–121.
- 31 Woesser (Wei Se), *Shajie, Sishinian de jiyi jinqu — jingtou xia de Xizang wenge* (*Forbidden Memory: Tibet During the Cultural Revolution*), with photos by Zerenduoji (Taipei: Daguiwenhua chuban gufenyouxian gongci, 2006).
- 32 Jampa Trinle (Byams-pa'phrin-las), *Gso rig lo rgyus*, 134.
- 33 TAR Mentsikhang (Bod-rang skyong-ljongs sman-tsi-khang) *Bod lugs gso rig dpe rnying dkar chag* (Tibetan–Chinese–English Catalogue of the Tibetan Traditional Medicine Books) (Lha sa: Mi rigs dpes krun khang, 2006).

Appendix 7.1

Pages 269–271

- 1 This translation derives from Tanjur, dPe bsdur ma, vol. 38, pp. 864–866.
- 2 Tanjur, dPe bsdur ma, vol. 38, pp. 866–871, as summarised in Gyurme Chokyi Dorje, *op. cit.*, pp. 763–767.
- 3 The translations in this and the following paragraphs are based on Tanjur, dPe bsdur ma, vol. 38, pp. 867–868.
- 4 Tanjur, dPe bsdur ma, vol. 38, pp. 889.26–893.8. These twelve aspirations are also found in

both of the aforementioned canonical discourses. There is an English translation of the twelve aspirations of Bhaiṣajyaguru in Birnbaum 1979, 192–194, and a commentary in Khenchen Thrangu Rinpoche 2004.

Appendix 7.2

Page 271

- 1 Skt. *Sarvakarmāvaraṇaviśud-dhakaravidhisādhana* (*Las kyi sgrub pa thams cad rnam par dag par byed pa'i cho ga zhes bya ba sman bla'i grub thabs*), which is contained in the *Discourse of the Buddhas of Medicine with an Anthology of Rites Pertaining to the Buddhas of Medicine*, entitled *Jewel Lamp* (*sMan bla'i mdo dang mdo chog phyogs sgrig rin chen sgron me*), 182–183. Another short means for attainment can be found in Khenchen Thrangu Rinpoche 2004, 193ff.
- 2 This is the mantra through which *gtor ma* are offered, in conjunction with the *gtor ma* offering gesture. See S. Beyer, *The Cult of Tārā*. (Berkeley and Los Angeles: University of California Press, 1978), 220.

Appendix 7.3

Pages 271–273

- 1 A complete listing of all fifty-one figures, but without the Sanskrit names of the yakṣa generals and certain bodhisattvas, can also be found at Himalayan Art Resources (HAR) 125.
- 2 The following Sanskrit identifications are found in N. Dutt 1939, pp. 27–28, whereas R. Birnbaum 1979, p. 167, offers a different listing based on a 'traditional Sino-Japanese understanding of the text,' which he admits to be tentative. The corresponding Tibetan names of the twelve yakṣa generals are: ji 'jigs (Kimbhīra), rdo rje (Vajra), rgyan 'dzin (Mekhila), gza' 'dzin (Antila), *rlung 'dzin* (Anila), gnas bcas (Saṅṭhila), *dbang 'dzin* (Andala), btung 'dzin (Pāyila), smra 'dzin (Mahāla), *bsam 'dzin* (Cidāla), gYob 'dzin (Caundhula), and *rdzogs byed* (Vikala).

Appendix 7.4

Pages 274–275

- 1 *dBang chog bdud rtsi'i chu rgyun*, contained in the *Heart Essence of Yuthogpa* 2005, 101–134.
- 2 *Heart Essence of Yuthogpa* 2005, 101–117.
- 3 These retainers are all depicted in Parfionovitch, Dorje and Meyer 1992, 40 and 196 (Figs. G–J).
- 4 *Zhang blon sde dgu*. These foremost protectors of the *Heart Essence of Yuthogpa* are regularly propitiated at Dratang Monastery by physicians from the Mentsikhang in Lhasa. See Dorje 2009, 201.
- 5 *Heart Essence of Yuthogpa* 2005, 117–119.
- 6 *Heart Essence of Yuthogpa* 2005, 119–124.
- 7 These retainers are all depicted in Parfionovitch, Dorje and Meyer 1992, 40 and 196 (figs. K–L), 42 and 198 figs. A–B).
- 8 *Heart Essence of Yuthogpa* 2005, 125–133.
- 9 See Parfionovitch, Dorje and Meyer 1992, 42 and 198 (figs. F–H).
- 10 *Heart Essence of Yuthogpa* 2005, 124–125.

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Glossary

Romanized Tibetan transcription; (Skt.) for Sanskrit (Ch.) for Chinese	Transliteration of Tibetan terms, according to Wylie (1595)	English and Sanskrit Translation/Definition; (Tib.) for Tibetan, (Skt.) for Sanskrit
A		
<i>amchi</i>	<i>am chi</i>	Mongolian-derived word for (Tibetan) medical physician, widely used in Tibet and across the Himalayas
Amdo	<i>a mdo</i>	eastern region of Tibet
<i>anuttarayogatantra</i>		Highest Tantra or New Tantra System; <i>lana mepe naljor gyu</i> (<i>Bla na med pa'i rnal 'byor rgyud</i>) (Tib.)
<i>arura</i>	<i>a ru ra</i>	king of medicines; Latin <i>Terminalia chebula</i>
<i>aṣṭāṅga</i> (Skt.)		eight branches
<i>Aṣṭāṅghrdayasamhita</i> (Skt.)		<i>The Heart of Medicine</i> , title of an important classical Indian medical work by Vāgbhaṭa; <i>Yan lag brgyad pa</i> (Tib.)
<i>avadhūtī</i> (Skt.)		central channel of the body, according to Buddhist traditions
Ayurveda (Skt.)		knowledge/science/art of life, South Asian classical medical system; <i>Tseji rigje</i> (<i>tshe yi rig byed</i>) (Tib.)
B		
<i>Baidurya Ngonpo</i> , short: <i>Bai ngon</i>	<i>Bai dūr ya sngon po</i> , <i>Bai sngon</i>	<i>Blue Beryl</i> , important 17th-century commentary on the <i>Four Tantras</i> by Sangye Gyatso
<i>bardo</i>	<i>bar do</i>	intermediate state of being between death and a new birth
<i>beken</i>	<i>bad kan</i>	phlegm, one of the three <i>nyepa</i> , or humors, in Tibetan medicine; <i>kapha</i> (Skt.)
Bhaiṣajyaguru (Skt.)		Master of Remedies, Medicine Buddha; Sangye Menlha (Tib.)
Bhaiṣajyamudgata (Skt.)		one of two sublime bodhisattvas of medicine mentioned in the <i>Lotus Sūtra</i> Source of Medicine
Bhaiṣajyarāja (Skt.)		one of two sublime bodhisattvas of medicine mentioned in the <i>Lotus Sūtra</i> Source of Medicine
<i>bhesajjāṇī</i> (Skt.)		the five medicines the Buddha permitted monks and nuns to use and carry with them for up to seven days
<i>bodhi</i> (Skt.)		enlightenment
<i>bodhicitta</i> (Skt.)		mind with the quality of enlightenment, i.e., awakened state of mind
Bon	Bon	collective term for many pre-Buddhist religious traditions in Tibet; today also acknowledged as one of the main schools of Tibetan Buddhism
<i>Bumshi</i>	<i>Bum bzhi</i>	Bon medical foundational text
<i>bumrampa</i>	<i>'bum rams pa</i>	degree equivalent to a doctorate in medicine
<i>jorthab</i>	<i>byor thabs</i>	the compounding of medicines
C		
Cakrasamvara		authoritative Indian Tantric tradition
<i>chaggya</i>	<i>phyag rgya'</i>	symbolic hand gesture; <i>mudrā</i> (Skt.)
<i>chagtsa</i>	<i>chags rtsa</i>	three channels that grow from the navel of the embryo and are active in the initial formation of the fetus
Chagpori	<i>lcags po ri</i>	Iron Hill, name of a hill in Lhasa where Chagpori Medical College was established in 1696
<i>cakra</i> (Skt.)		wheels or junction points of channels in the body; <i>'khor lo</i> (Tib.)
<i>chang</i>	<i>chang</i>	barley beer
<i>chema</i>	<i>phye ma</i>	medicinal powder
<i>chenga</i>	<i>dpyad lna</i>	five external therapies that are summarized in the <i>Four Tantras</i> 's last volume

<i>Chima gyu</i>	<i>Phyi ma rgyud</i>	<i>Last Tantra</i> , fourth volume of the <i>Four Tantras</i>
<i>chinpa babwa</i>	<i>mchin pa babs pa</i>	sunken liver, a children's illness
<i>chitsug</i>	<i>spyi gtsug</i>	crown point on the top of the head, important place for certain treatments
<i>chulen men</i>	<i>bcu len sman</i>	essence extraction medicine
<i>chungtsi</i>	<i>'byung rtsis</i>	elemental astrology, a subdivision of <i>tsi</i> (Tibetan astrology)
<i>chutsen</i>	<i>chu tshan</i>	hot spring
<i>citta</i> (Skt.)		mind; <i>sems</i> (Tib.)

D

<i>dagnang</i>	<i>dag snang</i>	pure vision, one mode of Tibetan Buddhist revelation
<i>dangchog</i>	<i>mdangs mchog</i>	supreme radiance, the result of a well-functioning transformation of nutrition in the human body
Desi	<i>sde srid</i>	old Tibetan government title meaning regent
<i>dharma</i> (Skt.)		Buddhist cosmic law, truth, the Buddha's teaching
Drangti	<i>brang ti</i>	medical lineage and epithet used in names of its lineage holders
<i>dreltsa</i>	<i>'brel rtsa</i>	Two types of connecting channels, the white and black channels, associated with water and blood, respectively
<i>driwa</i>	<i>'dri ba</i>	enquiry into the patient's state of being and history, one branch of Tibetan diagnostics
<i>dongdrem</i>	<i>sdong 'grems</i>	unfolded tree(s), a representation of medical knowledge in tree form to enhance memorization and study of medical topics
<i>doṣa</i> (Skt.)		humor, (<i>tri-doṣa</i> — three humors of <i>vata</i> , <i>pitta</i> , <i>kapha</i>); <i>nyepa sum</i> (Tib.)
<i>dug</i>	<i>dugs</i>	fomentation, a Tibetan external therapy
<i>dug sum</i>	<i>dug gsum</i>	three mental poisons: attachment/desire, hatred/aversion, and ignorance; <i>klesha</i> (Skt.)
<i>Dutsi Bumsang</i>	<i>Bdud rtsi'i bum bzang</i>	<i>Excellent Vase of Elixirs</i> , formulary for 125 common Tibetan medicines
<i>drib</i>	<i>grib</i>	shadow, refers to defilement and pollution
<i>drungtsho</i>		Bhutanese word for Tibetan medical physician
<i>durapa</i>	<i>bsdus ra pa</i>	degree in Tibetan medicine comparable to a Bachelor's degree within the modern Tibetan medical education system
<i>dzogrim</i>	<i>rdzogs rim</i>	completion stage, a group of practices of the highest Tantra class of the New Tantra System and their equivalents in the Old Tantra System
Dzogchen	<i>rdzogs pa chen po</i>	great perfection

G

Ganden Phodrang		Tibetan name for the Tibetan government
<i>garuda</i> (Skt.)		mythical eagle-like bird, capable of consuming and transmuting poison
<i>ghee</i> (Skt.)		clarified butter
<i>gonpo</i>	<i>gon po</i>	scholar; Guna (Skt.)
<i>granthi</i> (Skt.)		knots or obstructions
<i>gyamen</i>	<i>rgya sman</i>	Chinese medicine, synonym for biomedicine and Western-style medicine
<i>Gyushi</i>	<i>Rgyud bzhi</i>	<i>Four Tantras</i>

H

<i>haritaki</i> (Skt.)		myrobalan fruit, arura (Tib.)
<i>horme</i>	<i>hor me</i>	therapy using small cotton bags filled with spices and soaked in warm oil or fat

I

<i>iḍā</i> (Skt.)		Right-hand channel, referred to as such in the Śaiva tradition, equivalent to <i>lalanā</i> in the Buddhist tradition
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J		
<i>jang</i>	<i>byang</i>	literally: north; short for the Jang medical tradition, which originated in Ngamring, central Tibet
Jangpa	<i>byang pa</i>	proponent of the Janglug medical school
Janglug	<i>byang lugs</i>	school of medicine that originated in [La-stod] Byang, also known as Northern School or Northern Tradition
Jonangpa	<i>jo nang pa</i>	a school of Tibetan Buddhism
<i>jupga</i>	<i>byugs pa</i>	external application, using rich oils and fats on the body
K		
Kālacakra (Skt.)		teaching of the wheel of time, Indian esoteric Buddhist teaching that came to Tibet in 1052
<i>karchu</i>	<i>skar chu</i>	stargazing water, used as cold fomentation
<i>kama</i>	<i>bka' ma</i>	according to Jangpa Tashi Palsang's (15th century) history of medicine, one of two lines of transmission of the <i>Four Tantras</i> , the other being the "hidden" <i>terma (gter ma)</i> tradition
<i>karma</i> (Skt.)		action, the law of cause and effect; <i>le (las)</i> (Tib.)
<i>kartsī</i>	<i>skar rtsis</i>	astronomy/astrology, a subdivision of <i>tsi</i>
Kikinaka	skyid skyid nad ka	medical college of Tashilunpo Monastery in Shigatse, Tsang, central Tibet, about 1954–1962
Kongtse	kong tse or kong tshe	Confucius
<i>kunye</i>	<i>bsku mnye</i>	applying ointment, massage using oily substances
<i>kuya</i>	<i>ku ya</i>	sediment in urine, formed from the production of bile
<i>kyilkhor</i>	<i>dkyil 'khor</i>	center and periphery; mandala (Skt.)
L		
<i>la (lha)</i>	<i>bla</i>	vital energy, life-essence
<i>la ne</i>	<i>bla gnas</i>	locations in the body where <i>la</i> resides during movement, according to a monthly, moon-related course
<i>latsi</i>	<i>gla rtsi</i>	musk
<i>lalanā</i> (Skt.)		right-hand channel, which starts in the right nostril and terminates at the anal orifice, spiraling around the <i>avadhūtī</i> , or the central channel, meeting it at a series of wheel-like nexuses or points of connection, known as <i>cakra</i>
<i>lhagtong</i>	<i>lhag mthong</i>	meditative practices that focus on insight; <i>vipaśyanā</i> , <i>Pali vipassanā</i> (Skt.)
Lhasa	<i>lha sa</i>	old political and religious capital of Tibet, now capital of the Tibet Autonomous Region (TAR)
<i>lingthog</i>	<i>ling thog</i>	literally: film on eyes; cataracts
<i>lokag</i>	<i>lo skag</i>	obstacle year
<i>lotho</i>	<i>lo tho</i>	almanac
<i>lum</i>	<i>lums</i>	medicinal baths
<i>lung</i>	<i>rlung</i>	wind humor; <i>vata</i> (Skt.)
<i>luzung dun</i>	<i>lus zungs bdun</i>	the seven bodily constituents
M		
Mahayana (Skt.)		Great Vehicle, the form of Buddhism prevalent in Tibet, Mongolia, China, Korea, Vietnam, and Japan
<i>madhyama-nāḍī</i> (Skt.)		central or major channel in the Buddhist tradition, which goes up the center of the body along the spinal column
<i>mendrub</i>	<i>smān sgrub</i>	empowering or accomplishing medicine, a Buddhist practice to increase efficacy of medicines and practitioners
<i>mantra</i> (Skt.)		sacred spell, prayer
<i>marigpa</i> (Skt.)	<i>ma rig pa</i>	ignorance, one of the three mental poisons; <i>dugsum</i> (Tib.)
<i>mebum</i>	<i>me bum</i>	cupping therapy, literally: fire-cupping. Also known as copper-cupping; <i>sangbum</i> (Tib.)
<i>medro</i> (Skt.)	<i>me drod</i>	digestive heat
<i>mendrub</i>	<i>smān grubs</i>	medicine empowerment, accomplishing medicine — a medical-spiritual tradition to bless medicines and/or teach and empower practitioners of medicine and Tibetan Buddhism

<i>Mengag gyu</i>	<i>Man ngag rgyud</i>	<i>Instructional Tantra</i> , third volume of the <i>Four Tantras</i>
mengyi yenla dunden	<i>smān gyi yan lag bdun ldan</i>	seven limbs of making (herbal) compounds
<i>menjor</i>	<i>smān byor</i>	compounding of medicines
<i>menpa</i>	<i>smān pa</i>	physician, doctor, equivalent to <i>amchi</i> or Bhutanese <i>drungtsho</i> (Skt.)
Menpa Dratsang	<i>smān pa grwa tshang</i>	Tibetan medical colleges affiliated with monastic institutions
Men-Tsee-Khang		Tibetan Medicine and Astrology Institute, established in India in 1961
Mentsikhang	<i>smān rtsis khang</i>	Medicine and Astrology Institute, established in Lhasa in 1916
<i>metsa</i>	<i>me btsa</i>	moxibustion (short: moxa), an external therapy that involves burning the dried and softened leaves of the mugwort plant on certain points of the body
<i>migche</i>	<i>mig 'byed</i>	Tibetan medical cataract surgery

N

<i>nabre chothab</i>	<i>rngab ras bcos thabs</i>	horn suction therapy, one of the external therapies
<i>nādī</i> (Skt.)		channels in the body
<i>nagtsi</i>	<i>nag tsi</i>	Chinese divination, an alternative name for <i>chungtsi</i> , a form of Tibetan astrology
<i>namshe</i>	<i>nam shes</i>	consciousness, representing the aspect of the human organism that continues between one life and the next and carries on the karmic impressions of one life to the following one; <i>vijñāna</i> (Skt.)
Neem		Indian tree; Latin <i>Azadirachta indica</i>
<i>ngomen</i>	<i>sngo smān</i>	herbal medicine(s)
<i>ngobo</i>		nature/essence of a medicine
nirvana		physical death followed by spiritual enlightenment, release from bondage, spiritual deliverance upon death
<i>nupa</i>	<i>nus pa</i>	potency, power, or efficacy of medicines and medicinal raw ingredients. Also refers to the eight powers of medicine (heavy, oily, cooling, blunt, light, rough, pungent, and sharp)
<i>numcho</i>	<i>snum 'chos</i>	oil massage
<i>nyamyig</i>	<i>nyams yig</i>	writing from experience, a genre of medical writing in which doctors write on the basis of their experience in clinical practice rather than on the basis of the <i>Four Tantras</i> or other texts
<i>nyepa</i>	<i>nyes pa</i>	humor (see: <i>nyepa sum</i>)
<i>nyepa sum</i>	<i>nyes pa gsum</i>	three humors of wind (<i>lung</i>), bile (<i>tripa</i>), and phlegm (<i>bekan</i>)
<i>nyig</i>	<i>snyigs</i>	bodily waste products, such as bile, nasal discharge, ear wax, saliva, sweat, teeth, nails, and body hair
Nyingma	<i>rnying ma</i>	School of the Elders, a school of Tibetan Buddhism

P

<i>padma</i> (Skt.)		lotus
<i>pandit</i> (Skt.)		scholar
<i>peri</i>	<i>dpe ris</i>	illustrated manuscript
piṅgala (Skt.)		left-hand channel, referred to as such in the Śaiva tradition; in Buddhist traditions called <i>rasanā</i> (Skt.)
<i>pitta</i> (Skt.)		bile, one of the three humors of Ayurveda and Tibetan medicine; <i>tripa</i> (Tib.)
Prajñāpāramitā (Skt.)		Perfection of Transcendental Wisdom Goddess, also refers to a sutra of the same name
<i>prāna</i> (Skt.)		wind, breath

R

<i>rasanā</i> (Skt.)		left channel, starting in the left nostril and terminating at the genitals, spiraling around the <i>avadhūti</i> , or the central channel, meeting it at a series of wheel-like nexuses or points of connection, known as <i>cakra</i>
<i>renshen</i> (Ch.)		human spirit, term used in Chinese calendars found in Dunhuang (ninth and tenth centuries), discussing the location of the human spirit in the body
<i>rigne</i>	<i>rig gnas</i>	the ten arts and sciences in Buddhism

Rigpa Yeshe	Rig pa'i ye shes	sage who legend holds to have taught the <i>Four Tantras</i> as an emanation of the Medicine Buddha
<i>rilbu</i>	<i>ril bu</i>	common medicinal pill
<i>rinchen rilbu</i>	<i>rin chen ril bu</i>	precious, or jewel, pill. A range of medicines with a large amounts of precious ingredients
<i>rinchen rilnag</i>	<i>rin chen ril nag</i>	black pill
<i>riyou</i> (Ch.)		transfer of the daily spirit, term used in Chinese calendars found in Dunhuang (ninth and tenth centuries)
<i>ro</i>	<i>ro</i>	taste of food and medicines, namely: sweet, sour, salty, bitter, acid, astringent
<i>rubel</i>	<i>rus sbal</i>	turtle

S

Śaiva (Skt.)		Indian god Shiva
samsāra (Skt.)		cycle of birth, death, and rebirth
<i>sangbum</i>	<i>sang bum</i>	cupping therapy using copper cups
Sangha (Skt.)		The Buddhist monastic community
<i>sem</i>	<i>sems</i>	Mind; <i>citta</i> (Skt.)
Sangye Menlha	Sangs gryas sman bla	Master of Remedies, Medicine Buddha
<i>serkhab</i>	<i>gser khab</i>	golden needle
<i>serkhabgyi chothab</i>	<i>gser khab kyi bcos thabs</i>	golden needle therapy
<i>Shegyu</i>	<i>Bshad rgyud</i>	<i>Explanatory Tantra</i> , second volume of the <i>Four Tantras</i>
<i>Shelgong shelphreng</i>	<i>Shel gong dang shel phreng</i>	title of two-volume pharmacological text <i>Stainless Crystal Garland</i> by Deumar Tenzin Phuntsog
Shenrab Mibo		name of the founder of Bon, also called Tonpa Shenrab
<i>shentong</i>	<i>gzhan stong</i>	doctrine of emptiness
<i>shine</i>	<i>shi gnas</i>	meditative practice of calm, abiding concentration; <i>śamathā</i> (Skt.)
<i>shingmen</i>	<i>shing sman</i>	tree medicines
<i>shintsi</i>	<i>gshin tsi</i>	death chart, an astrological device detailing the necessary funeral rites for a given person
<i>shuje</i>	<i>zhu rjes</i>	the three post-digestive tastes
<i>sidtsa</i>	<i>srid rtsa</i>	channels of being, or existence, of which there are four main ones, found in the brain, heart, navel, and genitals
<i>sinbu</i>	<i>srin bu</i>	micro-organism
<i>sogtsa</i>	<i>srog rtsa</i>	life channel
<i>sowa rigpa</i>	<i>gso ba rig pa</i>	science, or art, of healing; medicine. One of the five major fields of the ten Buddhist arts and sciences
<i>sūkṣmaśarīra</i> (Skt.)		subtle body
<i>suṣumnā</i> (Skt.)		major channel in the Śaiva tradition, which goes up the center of the body, along the spinal column; <i>madhyama-nāḍī</i> in the Buddhist tradition
<i>sungkhor</i>	<i>srung 'khor</i>	amulets

T

Tanadug	Lta na sdug	literally: lovely to behold; the name of the Medicine Buddha palace where legend holds that the <i>Four Tantras</i> were first taught
<i>tarka</i>	<i>gtar ka</i>	bloodletting
<i>Taittiriya Upaniṣad</i> (Skt.)		a class of texts that perhaps dates from the fourth or fifth century BCE and appears to describe a central channel through the body and the possibility of movement outward from it in different directions
Tathagata (Skt.)		an epithet of the buddhas, indicating that they have departed from cyclic existence in the manner of their predecessors
<i>telpa</i>	<i>tel pa</i>	cauterization
<i>tendrel</i>	<i>rten 'brel</i>	Buddhist term referring to the universal process of dependent origination, by which all phenomena arise in dependence on each other; <i>pratītyasamutpāda</i> (Skt.)
<i>terma</i>	<i>gter ma</i>	Treasure Revelation, tradition that relies on treasure texts revealed by a Buddhist master

<i>thangka</i>	<i>thang ka</i>	Tibetan scroll painting
<i>thigle</i>	<i>thig le</i>	various essences or concentrations of the flow through the channels; <i>bindu</i> (Skt.)
<i>thug</i>	<i>thugs</i>	honorific for mind (<i>yiḍ</i>), in the triad of body, speech, and mind, corresponding to Sanskrit <i>manas</i>
<i>thurche</i>	<i>thur dpyad</i>	spoon surgery
<i>thurma</i>	<i>thur ma</i>	surgical, or medical, spoon
<i>tob</i>	<i>stobs</i>	strength, one of the three aspects of the powers of medicines, the other two being potency (<i>nupa</i>) and quality (<i>yontan</i>)
<i>torma</i>	<i>gtor ma</i>	dough figures, used as religious offerings
<i>trawa</i>	<i>spra ba</i>	moxa wool, principal material needed for moxibustion, see <i>metṣa</i> , made from leaves of Mugwort plant
<i>tri-doṣa</i> (Skt.)		three humors; <i>nyepa sum</i> (Tib.)
<i>tripa</i>	<i>mkhris pa</i>	bile humor
Trintṣel 25	<i>mgrin mtshal</i>	a Tibetan medical formula with 25 ingredients, commonly prescribed for rheumatic conditions
<i>troten</i>	<i>’phrod bsten</i>	Tibetan term closest to “health,” literally meaning to rely on what suits you, refers to an individual’s responsibility to keep a diet and daily regimen that corresponds to and suits one’s elemental nature
<i>trulkhor</i>	<i>’phrul ’khor</i> or <i>’khrul ’khor</i> (two spellings common)	a form of Tibetan yoga, combining physical movements and breathing, exists in a number of different Tantric lineages
<i>trungpe</i>	<i>’khrungs dpe</i>	literally: medical simple; a genre of Tibetan pharmacological literature dealing with medicinal raw materials
<i>tsa</i>	<i>rtsa</i>	channels, <i>nāḍī</i> (Skt.)
<i>tsab</i>	<i>mtshabs</i>	substitute, used to refer to medical materials that replace an original mentioned in a recipe or formula
<i>tsalung</i> , sometimes <i>tsalung thigle</i>	<i>rtsa rlung thig le</i>	channels for the circulation of wind (<i>lung</i>) in the body
<i>tsalung trulkhor</i>	<i>rtsa rlung ’phrul ’khor</i>	a form of Tibetan yoga, combining physical and mental exercises to enhance spiritual development and longevity
<i>tsa tawa</i>	<i>rtsa lta ba</i>	pulse diagnosis, feeling the pulse
<i>Tsagyu</i>	<i>Rtsa rgyud</i>	<i>Root Tantra</i> , first volume of the <i>Four Tantras</i>
<i>tsajong</i>	<i>rtsa sbyong</i>	vein channel cleaning
<i>tsakar</i>	<i>rtsa dkar</i>	white channels
<i>tse</i>	<i>tshe</i>	life, vitality
<i>tsedrub</i>	<i>tshe sgrub</i>	long life empowerment
<i>tsetsa</i>	<i>tshe rtsa</i>	vitality channels, through which tse (vitality, life) moves around the body
<i>tserab letsī</i>	<i>tse rabs las rtsi</i>	horoscope
<i>tsī</i>	<i>rtsis</i>	astrology
<i>tsipaho</i>	<i>srīd pa ho</i>	paintings of protection, depicting Buddhist mantras and protective simples, or single ingredients for medicines
<i>tsug</i>	<i>tshugs</i>	literally: apply on the point; application of heated objects (wood, animal horns, stones) onto specific points of the body
<i>tulsi</i> (Skt.)		Indian basil

U

<i>uchen</i>	<i>u chen</i>	Tibetan print letters
<i>umed</i>	<i>u med</i>	Tibetan cursive script, handwriting
<i>Upaniṣad</i> (Skt.)		collection of philosophical texts that form the theoretical basis for Hinduism

V

Vāgbhaṭa (Skt.)		seventh-century Indian medical scholar, author of <i>The Heart of Medicine</i>
<i>vajras</i> (Skt.)		gates
Vajrayāna (Skt.)		Tantric practice
<i>vata</i> (Skt.)		wind; <i>rlung</i> (Tib.)
Veda (Skt.)		literally: knowledge; the body of sacred knowledge held to be the basis of true belief and practice among Hindus

Vedanta (Skt.)		literally: Veda-end; refers to the last part of the Veda hymns
Vidyājñāna (Skt.)		manifestation of the Medicine Buddha, whom legend holds to have taught the <i>Four Tantras</i> as an emanation of the Medicine Buddha; Rigpa Yeshe (Rig pa ye shes) (Tib.)
<i>vijñāna</i> (Skt.)		consciousness, <i>namshe</i> , <i>mam shes</i> (Tib.)
Vinaya (Skt.)		Buddhist monastic code, one of the three baskets of the Buddha's teachings
W		
<i>wangchog</i>	<i>dbang chog</i>	empowerment rite
Y		
<i>yakṣa</i> , <i>yakṣī</i> (Skt.)		male and female, respectively; nature spirits of India; also appear as protectors of the buddhas of medicine
<i>Yartsa gunbu</i>	<i>dbyar rtswa dgun 'bu</i>	literally: summer grass-winter insect; caterpillar fungus; Latin <i>Ophiocordiceps sinensis</i>
<i>yid</i>	<i>yid</i>	mind, in the triad of body, speech, and mind, corresponding to Sanskrit <i>manas</i>
<i>yidam</i>	<i>yi dam</i>	tutelary deity
Yilekye	<i>yiṣ las skied</i>	a medical sage
<i>Yogasūtra</i> (Skt.)		Patañjali's 196 Indian sūtras
<i>yontan</i>	<i>yon tan</i>	literally: quality, virtue; in medicine: quality of <i>materia medica</i> and compound drugs; one of three aspect of the powers of medicines, the other two being potency and strength
<i>yontan chudun</i>	<i>yon tan chu bdun</i>	secondary qualities of medicines
<i>Yuthog Nyingthig</i>	<i>G.yu thog snying thig</i>	<i>Innermost Spirituality of Yuthogpal</i> , also translated as <i>Yuthog Heart Essence</i> , an important cycle of Buddhist and medical teachings by Yuthog Yontan Gonpo
Yuthog Yontan Gonpo	<i>G.yu thog yon tan mgon po</i>	Yuthog Yontan Gonpo the Younger, 12th-century author of the <i>Four Tantras</i>
Z		
<i>zayig</i>	<i>bza yig</i>	edible letters, a form of ritual medicine
<i>zo rigpa</i>	<i>bzo rig pa</i>	arts and crafts, one branch of the ten Buddhist sciences, or arts
Zurlug	<i>zur lugs</i>	major medical tradition, the Southern school, founded by Zurkhar Nyanmnyi Dorje (15th century)

Index

Page numbers in italics refer to illustrations.

- A**
 abdominal wounds, 160–63, 166
 Abhijñārāja, four former aspirations of, 136, 280n52
abhiṣeka. See empowerment rites
 acupuncture, 47, 57, 79, 100, 113, 118, 119, 201, 276n39
 Aga Monastery, 247, 255
Agar 35, 118
 almanacs (*lotho*), 29, 30, 106
 al-Qazwīnī, 201
 alternative therapies, 7, 89, 111, 125; licensing of, 118, 278n16
amchi (medical physician), 53, 155, 243; derivation of the term, 247; in Nepal, 111, 119; Westerners as, 4
 Amdo, representations of buddhas of medicine at, 131
 Amitāyus, 149, 150, 274n19
 Amoghasiddhi, 141
 amulets, 4, 107; golden turtle print for, 107; making of, at Men-Tsee-Khang, 105, 106–7. See also talismans
 Ānanda, 145
 anatomy, 40, 56, 70, 71, 82, 84, 85, 86, 112, 165, 200–202, 222, 234, 234, 277n57, 288n30. See also human body
 anatomy of chest and abdomen, 86, 277n58
 animal fats, 68
 animals: exotic, 242; illustrations of, 242, 242, 245; “master of the month,” 103; medical treatment of, 70, 72, 74, 75; medicines derived from, 228, 231, 233, 234–35; sacrifice of, 212–14; saving lives of, 109; used in dissection, 275n47
anuttarayogatantra, 37, 283n143
 Arabic medicine. See Greco-Arab medical tradition
 Artemisia. See mugwort
 arthritis, 29, 66, 72, 80, 113, 183
 arts and crafts, 4, 5, 10–11, 168, 257, 278n16. See also medical illustration; Tibetan medical paintings
 Arura Group (Qinghai, China), 116, 117, 122, 222
arura plant. See myrobalan
 Aśokottoma, four former aspirations of, 136, 280n50
aṣṭāṅga (Eight Branches), 19–20, 21
Aṣṭāṅgahrdayasamhitā (Compendium of the Eight Branches), 19, 43, 157. See also *Heart of Medicine*
 astral sciences. See astrology
 astrology: auspicious days, 106; Chinese, in the *Four Tantras*, 157, 160, 205; connection with medicine, 3, 30, 91, 93–94, 105, 109; as cure for illness, 194; department of, at Men-Tsee-Khang, 105–6; development of, in Tibet, 95; in medical training, 91; non-Tibetan market for, 106; as preventive medicine, 109. See also divination
 Āśvottamālīla, 150, 281n91
 Atīṣa, 130, 140, 149, 191, 269
 Ātreya, 145
 auspicious coincidence (*rten ’brel*), 104
 auspicious days, 106
 Ayurveda: correspondence of the universe to the individual in, 276n14; illustration of, 201; influence on Tibetan medicine, 145, 215; *materia medica* in, 8; medical view of the body in, 24; surgical tradition of, 82; texts of, 8, 164. See also *Heart of Medicine*
B
 Badma, Duntsuhun, 247, 289n3
 Badma, Sultim (Aleksander Aleksandrovich Badmayev), 247, 248, 249, 249, 253, 254, 255
 Badma, Zhamsaran. See Badmayev, Pyotr Aleksandrovich
 Badmajeff, Peter, 254, 255
 Badmajeff, Włodzimierz. See Badmayev, Vladimir Nikolayevich
 Badmayev, Nikolay Nikolayevich (Ossor), 247, 251–53, 252, 253, 256
 Badmayev, Pyotr Aleksandrovich (Zhamsaran): critics of, 251; death of, 251, 254, 289n34; and his first wife, 249; link to Agvan Dorzhiev, 250, 289n19; medical clinic of, 249, 250, 251; prescriptions of, 253–54; proposal to annex Qing borderlands, 249, 251, 289n12; in Saint Petersburg society, 247, 248–49, 289n8; skepticism about mysticism, 250, 256; translation of *Four Tantras*, 159, 250, 250
 Badmayev, Vladimir Nikolayevich (Zhamsaran, Włodzimierz Badmajeff), 247, 253–55, 253, 256
 Badmayev family, 247–48, 254, 255–56, 256, 289n3. See also *individual family members*
 Baidūrya, 163
Baidūrya Ngonpo (*Bai dū rya sngon po*). See *Blue Beryl*
bardo-being, 37, 37
 Barshee Phuntsog Wangyai, 274n37
 bear gall, 273n26
Beautiful Marvelous Eye Ornament (Jampal Dorje): classification of medicines, 227, 231–32, 231–37, 288n25; illustrations of, 230, 231, 240; medicines derived from wild animals, 228; mentioned, 227, 230; structure and content of, 230–31
beken (*bad kan*, phlegm): disorders of, 65, 73, 113, 187; features of, 24–25; in pulse, urine, and tongue analysis, 28. See also three *nyepa*
 Bell, Charles, 261
Bencao Gangmu (Li Shizhen), 228, 230, 275n23
 beryl, 129, 145, 258, 278–79n4, 278n2, 278–79n4. See also *Blue Beryl*
 Bhagwan Dash, 159
 Bhaiṣajyaguru. See Medicine Buddha
 Bhaṣajyarāja (King of Medicine), 129, 279n8
 Bhaiṣajyasamudgata (Source of Medicine), 129, 279n8
 Bhaiṣajyavana (Grove of Medicines), 140, 145, 280n60
bhesajjāni (five medicines for monks and nuns), 8
 Bhutan, 87
 Bichi Tsampashilaha (Bi ji Tsan pa shi la ha), 82, 162, 163
 biomedicine: concepts in, 40; negative perception of, 116; terms for and use alongside Tibetan medicine, 113–14, 124, 280n08; training in, 57
Black Oral Secret Teaching Collection on Pharmacy, 82
 black pill (*rin chen ril nag*), 185
 bloodletting, 72–74, 89; charts for, 75, 231; instruments for, 74, 76, 77, 78; and the location of *la*, 99; points, 70; from the Tree of Treatment, 74.; use in farm animals, 72
 blood pressure, 29, 73, 81, 111, 112, 113
Blue Annals (Go Lotsawa Zhonupai), 191–94, 197
Blue Beryl (Sangye Gyatso): account of Yuthog the Elder and Yuthog the Younger, 174; on actions of a bona fide doctor, 281n97; as authoritative source for medical knowledge, 200; Bhaiṣajyavana in, 140, 280n60; classification of medicines, 228, 229, 231, 288n35; compilers of, 222; conservatism of, 205; on the decline of morality, 286n42; depiction of surgical instruments, 82; describes colors of beryl, 129; on digestion, 26; on hot springs, 66; integration of medical lineages, 142; on means for attainment, 140, 142; on the movement of *la*, 99; on moxibustion, 69, 70; plants included in, 242; on reading the pulse, 28; on sexual activity, 286n43; on “supreme radiance,” 26; on surgery, 85, 87; and the Tibetan medical paintings, 11, 53, 82, 145. See also Tibetan medical paintings
 blue pigments, 278–79n4
bodhi (enlightenment), 36
bodhicitta, 36, 193
 bodily winds. See *lung*
 Bodong Panchen, 157
 body and mind, 3, 4, 7, 33, 36
 Boesi, Alessandro, 242–43
 Boki, Gleb, 252
 Bon: body and mind in, 36; founder of, 142, 142; references to, in the *Four Tantras*, 157, 160, 205; transmission of the *Four Tantras* in, 140, 142; in the Tucci collection manuscript, 242; view of *Four Tantras*, 155, 158, 159
 botanical illustration, 53–56, 202, 243–45. See also *Beautiful Marvelous Eye Ornament*; Deumar Tenzin Phuntsog, *Stainless Crystal Garland*; *Illustrated Medical Simples of the Four Tantras*; Tucci Collection
 Brangti lineage. See Drangti medical lineage
 breath. See *lung*
Brilliant Lamp Explicit Treatise on the Treatment of Abdominal Wounds, 160–62; first page of a manuscript, 161
Brilliant Royal Medical Text (Yellow-edged Volume), 160, 162–63; manuscripts of, 162, 163
bsku mnye (*kunye*). See *kunye* massage; massage therapy
 Buddha Śākyamuni, 94, 129, 130, 137. See also life of the Buddha murals; Medicine Buddha
 buddhas of medicine: in *Discourse of the Medicine Buddha*, 279n7; dismissed as mythological appendage, 129; and the *Four Tantras*, 142; homage to, 268; palace of, 145; representations of, 130–31, 137, 140, 149–50; in ritual practices, 135–40. See also Medicine Buddha
 Buddhism: association with medicine, 3, 7–8, 85, 111, 179, 189, 195, 205, 212, 217, 240, 256; bodily suffering in, 7; in

- Buryatia, 247, 248; discourse on sex, 210; establishment of, as state religion, 142; first spread of, 82; influence on medical scholarship, 183–85; influence on medicine, 10, 200, 214–15; and the link between medicine and astrology, 94; and medical paintings, 199; Pali canon, 8; second diffusion of, 85, 191; transmission to Tibet, 8; used in marketing medicine, 124. *See also* Esoteric Buddhism; religious practice
- ‘Bum khu tshur* (Chagmen Ringyal), 84
- Bumshi manuscript*, 141, 155, 159, 282n42
- burning sword, 174
- burnt-offering rites, 150, 281n90
- Buryatia: localized tradition of Tibetan medicine in, 247, 252; monasteries in, 252; relations with Russia, 247, 248, 251, 252; use of the term, 289n1. *See also* Badmayev family
- Buton Rinchendrub (Bu ston rin chen grub), 146
- Byang lugs. *See* Northern school
- byor thabs* (medical compounding), 52. *See also* medical compounding
- C**
- cakra*, 34–35, 42, 45; ritual diagrams for *cakra* meditations, 35; in the Śaiva tradition, 35; six main cakras, 34; in the Tibetan medical paintings, 44
- Cakrasamvara tradition, 42
- calendar: Chinese, 104, 277n73; days of the week, 103–4, 104; Dunhuang texts regarding, 96; published by Men-Tsee-Khang, 106; seasons, 103
- CAM (Complementary and Alternative Medicine), 7, 89, 111, 118, 125, 278n16
- Candranandana (Candrananda), 141, 158, 159, 165, 167–68, 280n63, 280n67
- Candraprabha (Moonlight), 129, 131, 132, 137, 149
- Caraka, 8, 84, 153
- Caraka saṃhitā*, 164, 278n14, 289n47
- cataracts (*linghog*), 79, 236, 288n35; white, 68. *See also* cataract surgery
- cataract surgery, 81, 84, 86–88, 264; instruments for, 86, 87, 88. *See also* cataracts
- caterpillar fungus (*yartsa gunbu*, *dbyar rtswa dgun ‘bu*), 122, 124
- cauterization, 74–75; instruments for, 74–75, 77, 78
- chaggya* (*phyag rgya, mūdra*, hand-movements), 33
- Chagmen Ringyal: *‘Bum khu tshur*, 84; treatise on medical instruments, 82–84
- Chagpori (Lcags po ri) Medical College: collection of statues and objects, 258, 258; design and architecture of, 258–61; destruction of, 5, 202; established by Sangye Gyatso, 36, 199, 200, 258; ground plan, 260; headed by Darmo Menrampa, 222; in 1904, 257; in 1956, 260; north facade, 260; photographs of, 260, 260; and the practice of eye surgery, 86; reconstruction of, 5; ruins of, 260, 260; seen opposite the Potala, 259; and the seventy-nine medical paintings, 202, 258, 286n36; site of, 263–64; visitors to, 261; young Buddhist monks making pills at, 261
- Chagpori Medical Institute (Darjeeling), 78, 264
- chagsta* (*chag rsta*, three channels of formation), 42. *See also* channels
- Chakdra Chorten, 131
- Chandra, Lokesh, 158–59
- chang* (barley beer), 66, 274n10
- Changchub Dorje (Byang chub rdo rje), 272n29
- Changopa Nangso Dargye, 199
- channels (*tsa, rtsa*), 34, 42–45, 75, 78, 113; illustrated in the Tibetan medical paintings, 43, 44; system of, in the subtle body, 34
- Chaoul, M. Alejandro, 120
- Chapman, Spencer, 260
- charlatans, 153, 281n97
- Charlottesville (Virginia), 114–15, 116
- Chebu Trishe, 142, 159
- Cheezheng Group, 121, 122
- childbirth, 37, 40, 66, 138, 280n56
- children. *See* pediatrics
- children’s sunken liver mirror therapy, 65, 81
- Chima gyu* (*Phyi ma rgyud*). *See* *Last Tantra*
- China: calendar of, 104, 277n81; influence on *cakra* sytem, 35; as the land of divination, 94–95; medical illustration in, 201; policy on Tibet, 114, 123; practice of Tibetan medicine in, 112, 115, 243–45; Tibetan medicine industry in, 12, 57. *See also* Chinese medicine; Qing dynasty
- Chinese medicine, 100, 113, 159, 164, 189, 230, 287n16. *See also* acupuncture
- chitsug* (*spyi gtsug*, crown point), 79
- Chode O, 130
- Chögyal Namkhai Norbu, 35, 117, 272n29
- Chogyur Lingpa (Mchog gyur gling pa), 180
- Chokyong Ponsam (Chos skyong dpon bsam), 159
- Chomden Raldri, 157
- chulen* (essence extraction), 120, 121
- chungtsi* (*‘byung rtsis*, Chinese divination), 91, 106
- chutsen* (*chu tshan*, hot springs), 66
- circulation, 272n32 (chap. 2)
- citta* (mind), 33. *See also* body and mind
- Clarifying the Very Essence of Food and Drink* (Sangye Lingpa), 197
- Clark, Dr. Barry, 119–21
- Clifford, Terry, *Tibetan Medicine and Psychiatry*, 119
- clinical practice: contemporary, 26, 28–30, 31, 57, 112–13; and the Cultural Revolution, 58; deviation from religious practice, 40–42, 43–45; as emphasis of Tibetan medical paintings, 40; length of patient visit, 113, 278n7; pharmacology and, 53, 56–57; privatization of, 60; Tibetan doctor at work, 60; in township clinics in China, 115; Western biomedical, 261–62. *See also* medical practitioners
- clinical trials, 273n10
- “cold kidney” (*mchi grang*), 66, 274n9
- Collection of Teachings on Medical Practice and Offerings to Protectors*, 193
- Collection of the History of Tsodo Monastery*, 169
- Commentary of the Explicit Treatise*, 161, 162
- Compendium of All the Tantras* (Jamyang Loter Wangpo), 150
- Compendium of Situ’s Medicine in E and Wam [Volumes]*, 187
- Complementary and Alternative Medicine (CAM), 7, 89, 111, 118, 125, 278n16
- compounding manuals, 56
- Confucius (Kongtse), 94, 95, 96
- contagious illness: associated with *nyen* spirits, 103; contagious fevers, 185
- Convention on International Trade in Endangered Species, 273n26
- coral, 227
- corpses, 201
- Craig, Sienna, 47
- Crystal Mirror* (Gawo Dorje), 59, 243–45, 244
- Crystal Mirror of Marvelous Tanadug*, 233–39, 288n34
- Crystal Mirror Treatise*, 82, 161
- Csoma de Körös, Alexander, 158
- Cultural Revolution: destruction during, 130, 166, 202, 224, 239, 263, 264; and the Lhasa Mentsikhang, 263, 264, 265; publications, 227, 243; and Tibetan medical practice, 12, 57, 58
- cupping therapy (*sangbum*), 29, 79–80; copper cup for, 80; horn for, 60; performed on the back of a patient, 80
- Cutting Off tradition, 193–94
- D**
- dagnang* (*dag snang*, pure vision), 42
- Dagpo Lhaje. *See* Gampopa
- dangchog* (*mdangs mchog*, “supreme radiance”), 26
- Dargye, Tenzin. *See* Tenzin Dargye
- Dargye Gonpa, 131
- Darmo Menrampa Lozang Chodrag, 86, 173–74, 179, 199, 222–23, 281n2; *Unfolded Trees of the Explanatory Tantra*, 222–25
- Darmo Menrampa Lozang Gyatso, 84
- Dasang Damdul Tsarong, 260
- Dawa, Dr., *A Clear Mirror of Tibetan Medicinal Plants*, 288n54
- days of the week, 103–4, 104
- dbang bskur*. *See* empowerment rites
- dbang chog*. *See* empowerment rites
- death: astrological death chart, 108–9; Buddhist concept of, 108; eight stages of dissolution, 36–37, 37, 40; and evil spirits, 109; means of averting, 212, 212; omens of, 211, 211.
- Deden Lakhang (Shalu Monastery), 130
- delusion. *See* three mental poisons.
- demonology, 215–16, 218
- demons, 189; harmful effects of, 218
- depa* (*dad pa*, faith), 113, 114
- dependent origination (*tendrel, rten ‘brel*), 33
- Derge Gonchen, 131
- Descartes, René, 33
- Deumar Tenzin Phuntsog (De’u dmar bstan ‘dzin phun tshogs): biography of, 287n1 (chap. 11); on external therapies, 74, 78; on hot spring waters, 66; medical writings of, 187; on moxibustion, 68, 70; *Stainless Crystal Garland* (*Shelgong Shelpreng*), 227–28, 228, 228, 230, 231, 242
- devil imagery, 124
- dhara* therapy, 275n96
- dharma*, 7, 17, 31; wheel, 62, 121
- Dharmakīrtisāgaraghoṣa, four former aspirations of, 136, 280n51
- Dharmaraza, 82
- Dharmasala, 258. *See also* Men-Tsee-Khang (Medicine and Astrology Institute, Dharmasala)
- diagnosis, 27–28, 53; pulse and urine, 20, 100–103; tree of, 20, 23, 24. *See also* clinical practice; pulse; urine diagnosis
- diet, 8, 116; inappropriate, 218. *See also* dietics
- dietics, 195–97, 228; nourishing and unwholesome foods, 193; from the Tibetan medical paintings, 209
- digestion, 26, 35, 36, 61, 62, 254; digestive heat, 26, 68
- Dilgo Khyentse Rinpoche, 146
- Dilmar. *See* Deumar Tenzin Phuntsog
- Discourse of the Medicine Buddha in Eight Hundred Lines* (Discourse A), 129, 146, 149, 150, 267, 269, 279nn7,10, 280nn55,57
- Discourse on the Particularly Extensive Aspirations of Bhaiṣajyaguru* (Discourse B), 129, 146, 279nn7,10, 280n55
- Discourse on the Particularly Extensive Former Aspirations of the Seven Tathāgatas*, 267–69
- dissection, 84, 224, 275n47
- divination: cautionary quality of, 104, 109; Chinese origins of, 94–95, 95–98; Chinese trigrams in, 99; *Chungtsi*

- (Chinese divination), 91; dream, 96; elements of, illustrated in Tibetan Protection Painting, 97; and health decisions, 29, 31; Mañjuśrī as source of, 95, 95; pine tree, 93, 94; as preventive medicine, 104; and spirit-inflicted illness, 93; Tibetan categories of, 98; in Tibetan society, 91–93; Tibetan texts, 95; turtle and, 100, 100. *See also* astrology
- doctors. *See amchi*; medical practitioners; *menpa*
- Dodrubchen, 131
- Doenkyi Tsultrim Emchi, 87
- dongdrem* (*sdong 'grem*s). *See* unfolded trees
- Dorbum Chokyi Dragpa (Rdor'bum chos kyi grags pa), 180
- Dordrak Gonpa, 131
- Dorje Lingpa (Rdo rje gling pa), 180
- Dorje Naljorma (Rdo rje rnal 'byor ma), 121
- Dorzhiav, Agvan, 249–50, 251, 253, 289n19
- doṣa*. *See* three *doṣa*
- dough figures (*torma*, *gtor ma*), 197; offering to Medicine Buddha, 194; practice description, 193
- Drakpa Gyaltsen (Grags pa rgyal mtshan), 169
- Drangti Chogyal Tashi (Brang ti Chos rgyal bkra shis), 183
- Drangti Gyalye Kharphuk (Brang ti Rgyal mnyes mkhar phug), 160–61
- Drangti Jampel Zangpo (Brang ti 'jam dpal bzang po), 180
- Drangti (Brang ti) medical lineage, 174, 179, 180–83, 284nn10,13
- Drangti Palden Tsoje (Brang ti dpal ldan'tsho byed), 161–62, 164, 169, 174, 189–91
- Drapa Ngonshe: death of, 85; in illuminated manuscript of the *Four Tantras*, 180; in illuminated manuscript of the *Instructional Tantra*, 158; and the loss of spoon surgery, 85–86; and transmission of the *Four Tantras*, 141, 155, 157, 179
- Dratang, murals of, 132
- dream divination, 96
- dreltsa* ('brel rtsa, connecting channel), 43, 43, 45. *See also* channels
- drib* (*grib*, pollution), 31
- Drigung Chokyi Dragpa ('Bri gung chos kyi grags pa), 187
- Drigung Kagyu ('Bri gung bka' brgyud) school, 185, 187, 285n19
- Drigung Rinchen Phuntsog ('Bri gung rin chen phun tshogs), 187
- Drogon Rinchen ('Gro mgon rin chen), 169
- Drubthog Lhakhang (Grub thob Lha khang) temple, 258
- drugs. *See* pharmaceuticals
- drugtsho* (medical practitioner), 155. *See also* medical practitioners
- "dry surgery," 254, 255
- Dudjom Rinpoche, 179
- dug* (*dugs*, fomentation), 65–66
- dugsum* (three mental poisons), 10
- Duke of Zhou, 96
- Dunhuang: calendars from, 100; manuscripts of, 274n22; moxibustion manual from, 65, 67, 68, 99–100; representations of Medicine Buddha from, 132, 137, 279n30, 279n34; as site of Sino-Tibetan culture, 8–10, 96; texts on divination from, 91, 94, 95–98, 100; Tibetan turtle divination chart from, 100, 100
- Dutsi Bumsang* (*Bdud rtsi'i bum bzang*, *Excellent Vase of Elixirs*), 56, 59
- Dzhigmitov, Ocir, 289n19
- Dzogchen, 191
- dzogrim* (*rdzogs rim*, completion stage), 37
- E**
- earth medicines, 229, 231, 237
- East Asiatic Library (Berkeley), 286n28
- edible letters (*za yig*), 191, 194–95, 197
- Effortless Accomplishment of the Five Bodies* (Sumton Yeshe Sung), 155
- Ehrhard, Franz-Karl, 168, 174
- eight auspicious symbols (*bkra shis rtags brgyad*), 149
- Eight Branches (*aṣṭāṅga*), 19–20, 21
- Eighteen Auxiliary Texts*, 167
- eightfold path, 7
- eight former aspirations, 136, 279–80n47, 280n48
- eight means of accomplishment (*sgrub pa bka brgyad*), 179, 284n3
- eight potencies, 48, 49. *See also* *nupa*
- Eight Sadana Teachings, 284n144
- eight stages of dissolution, 36–37, 37, 40
- eight *sugatas*, 129. *See also* buddhas of medicine
- eight transmitted precepts. *See* eight means of accomplishment
- eight trigrams, 95, 98, 107; in protection paintings, 107; from Sonam Paljor's illustrated manuscript edition, 99
- embryology, 37, 37, 40
- Emmerick, Ronald E., 159
- empowering medicine, 59, 179, 185, 195, 284n3. *See also* empowerment rites
- empowerment rites (*dbang bskur*), 135, 150–53; conferred by Chokling Rinpoche in Nepal, 152; in the *Yuthog Heart Essence*, 179, 185, 195, 269–70. *See also* empowering medicine
- endangered species, 12, 273–74n26
- Esoteric Buddhism, 10, 57, 179, 183, 185, 197
- essence extraction medicine (*bcus len sman*), 57, 119–121
- Essence of Ambrosia* (Yuthog the Younger), 167, 167–68
- Excellent Vase of Elixirs* (Khyenrab Norbu), 56, 59
- exercises, 35, 36, 40, 120–21
- Exhaustive Treaties of Sowa Rigpa* (Gongmen Konchog Phendar), 84
- exorcism, 98
- Explanatory Tantra*: and the channels of the subtle body, 42–43; on digestion, 26; discussion of external therapies, 65; and the eleven sections, 20, 21; influence of the *Heart of Medicine*, 165; list of surgical instruments, 84; on means for averting signs of death, 212; origins of, 157; on the origins of illness, 26–27; pharmacology in, 51–52, 53, 223, 223, 233, 240, 241; and the revelation of the *Four Tantras*, 140; sources of, 167; translation by Barry Clark, 119; tree murals of, 221, 222–23, 222, 223. *See also* *Unfolded Trees of the Explanatory Tantra*
- Explicit Treatise*, 160–62; first page of a manuscript, 161
- Extended Transmitted Teachings of the Nyingma School*, 135–36
- external therapies: classes of, 65; drastic, 74–75; fomentation, 65; instruments for, 82; mild, 65–68; promoted by Shang Shung students, 118–19; rough, 68–74; training in, 89; works on, 230, 231. *See also* bloodletting; *horme* therapy; massage therapy; medicinal baths; moxibustion
- eye spoon. *See* spoon surgery
- F**
- Fearless Weapon*, 82
- fever, causes of, 209, 210, 210
- Fifth Dalai Lama (Ngawang Lozang Gyatso): and the biography of Yuthog the Elder, 174; and Chapor Medical College, 36; and eye surgery, 86; in the lineage of Desi Sangye Gyatso, 145; mentioned, 185; painting of, 207; patronage of medicine, 199–200, 258; and the permission ritual of Śāntarakṣita, 135; physicians of, 222; statue of, 203; and suppression of the Jonangpa tradition, 45. *See also* Sangye Gyatso
- Final Tantra*. *See* *Last Tantra*
- fire, 104, 107; medicines, 228, 229. *See also* five elements
- five aggregates of existence, 7
- five elements: association with internal organs, 103; balance with three *nyepa*, 10, 27; Chinese and Indian traditions of, 27, 94; role in health, 3, 17; and the six tastes, 48–49, 48, 49; and Tibetan pharmacology, 48–49; use in medical diagnosis, 27, 103
- five hermit sages, 280n61
- five nectars bath (*bdud rtsi Inga lums*), 66–67
- five phases, 91, 93, 93
- five therapies (*dpayad lna*), 65. *See also* external therapies
- fomentation (*dug*), 65–66
- Fondo Tucci Archive, 242–43, 243
- food. *See* diet; dietics
- former aspirations: of the buddhas of medicine, 135, 136, 138, 153, 268–69; *Discourse on the Particularly Extensive Former Aspirations of the Seven Tathāgatas*, 267–69. *See also* eight former aspirations; four former aspirations; twelve former aspirations
- Four Collections of Medical Science*, 142
- four elements, 36
- four former aspirations, 136, 280nn50,51,52
- 404 diseases, 17, 27, 212
- Four Tantras*: authorship of, 42, 84, 155, 157, 205, 271n5 (chap. 1), 280n63, 281n69, 286n40; Buddhist and Bon views of, 140–42, 159; causation of illness in, 26–27; and the channels of the subtle body, 42–43; classification of medicines, 228, 229, 231, 288n35; compared with *Heart of Medicine*, 159, 160; compared with *King of the Moon*, 164; dating of, 169; decorative editions of, 20, 265, 271n1 (chap. 1); diagnosis in, 27–28; as dialogue between two sages, 17, 160; dietary recommendations, 195; digestive process in, 26; discussion of medical instruments, 65, 78; Drapa Ngonshe and, 85; entrustment of, 189; external therapies in, 65, 74; on the five elements, 48; and the *Four Collections*, 142; four principal treatments in, 65; and the *Heart of Medicine*, 164–65; and hot and cold natures, 49; illuminated manuscript of, 180; integration of medical traditions, 10, 159, 173, 215–16; on intersectorian disputes, 209; manuscript editions of, 155, 157, 158, 159, 160, 185; medical body in, 24–26; and medical consultation, 28–29, 31; as medical and religious text, 17, 40; medical simples in, 241; on moxibustion, 68, 71–72; origin and sources of, 5, 155, 158, 160–62, 162–63, 168; on pediatrics, 197; and pharmacology, 50, 51–53; on the physician's career, 219–20; on practices to bolster the medical practitioner, 214; seven limb procedure of, 59; on sexual activity, 286n43; structure of the work, 10, 17–24, 155; on surgery, 81, 84; as teachings by the Medicine Buddha, 10, 94, 160, 219; translation of title, 10, 13; transmission of, 5, 140–42, 145, 158, 159–60, 174, 280n63; "unfolded trees" of, 53, 222, 273n14; use in medical education, 19, 50, 53, 117, 118; Western scholarship on, 158–59; as

the word of the Buddha, 40–42, 142, 155, 157–58, 167, 189, 205, 217. See also *Blue Beryl*; *Explanatory Tantra*; *Instructional Tantra*; *Last Tantra*; *Root Tantra*

Four Tantras of Dratang, 141, 281n68

Fourteenth Dalai Lama, 87, 114, 119

Four Wheels (Caraka), 82

Fragrant Mountain, featuring forest of *aura*, 50

frogs, 100, 242

funeral rites, 108

Fu Xi (emperor), 95

Fyodorovna, Elisaveta, 251, 253

G

Galenic medicine, 24, 275n46

Galenos of Tazig, 82, 277n45

Gammerman, Adel’ Fedorovna, 253

Gampopa (Sgam po pa, Dagpo Lhaje), 159, 190, 193

Ganden Dondrubling, 131

Ganden Phodrang government, 199–200, 258

Garland Mountain, as source of medicines, 51

garuda, 142, 194, 268, 234; *The Great Garuda Soars*, 189

Gawo Dorje, *Crystal Mirror*, 59, 243–45, 244

Gelugpa tradition, 149, 240, 257. See also Chagpori Medical College

Gerken, Barbara, 120

Gesar, King, 274n35 (chap. 4)

Geshe Rokchung (Dge bshes Rog chung), 173

Geshe Tenzin Wangal Rinpoche, 35

gender, 282n56, 288n15, *ghee* (*shun mar*, clarified butter), 8, 67

Ginzburg, Carlo, 91

globalization of medicine, 4, 62, 88, 89, 125

Gold and Silver Measure Container (Drangti), 84

golden-needle therapy, 65, 75, 78–79, 99; needles for, 79, 275n41; treatment with moxa, 79

Golden Turtle, 100, 107. See also turtle

Go Lotsawa Zhonupal (’Gos lo tsa ba gzhon nu dpal), *Blue Annals* by, 191

Gongmen Konchog Pendar (Gong sman Dkon mchog phan dar), 85, 86, 183,

277n79; *Hundred Verses Written from Experience*, 182

Gongmen Kunchog Deleg, 183

Gongmen tradition, 183, 287n13

Good Manufacturing Practices (GMP), 59–60, 245, 265

Gorky, Maxim, 252, 253

granthi (obstructions), 34

Great Britain, 261–63

Great Collection on Medicinal Plants (Yuthog the Younger), 173

Great Game, 249, 256

Great Garuda Soars, 189

Great Temple of Lhasa (Jokhang), 130, 202

Greco-Arab medical tradition, 5, 25, 27, 100, 201

Grove of Medicines (Bhaiṣajya-vana), 140, 145, 280n60

gso ba rig pa. See Sowa Rigpa

Guge, kingdom of, 135, 164–65

Guhyapati (Vajrapāṇi), 215, 215

Guru Chowang (Gu ru chos dbang), 179, 195

Guru Padmākara, 135, 141, 146, 149, 150

Gusev, Boris, 248, 289n8

Gushi Qan, 130

gyamen (*rgya sman*), 114. See also biomedicine

Gyantse Kumbum, 130

gyan, 277n72

gynecology, 87

Gyushi (*Rgyud bzhi*). See *Four Tantras*

gzhan stong (*shentong* doctrine), 45

H

Hardon, Anita, 47

haritaki. See myrobalan

Harrer, Heinrich, 260

Hashaje (Hazha rje), 86

Hashang maha kyinda, 82

Hayagrīva, 150, 152

heart-mind, 33. See also mind

Heart of Medicine (*Aṣṭāṅga-hṛdayasamhitā*, Vāgbhata): commentary by Candrananda, 165; compared with *Explicit Treatise*, 162; on “fire heating therapies,” 68; influence on the *Essence of Ambrosia*, 167–68; influence on *Four Tantras*, 19, 43, 84, 157, 159, 160, 164–65; influence on surgeons, 85; and *King of the Moon*, 164; manuscript editions of, 164, 165; structure of, 165; translated into Tibetan, 8, 164, 165; used by Yuthog, 173

herbal medicines (*sngo sman*):

from *Beautiful Marvelous Eye Ornament*, 233; in classification of medical simples, 229; in *Crystal Mirror of Marvelous Tandug*, 233–36; processing of, 50–51; snake’s head lily, 233; from Tibetan medical paintings, 205; in untitled *materia medica* manuscript, 239. See also botanical illustration; medical simples; pharmaceuticals

herbs. See herbal medicines

Hermitage Museum (St. Petersburg), sculpted figures of medicine buddha entourage, 150, 151

hermit sages, 140–41, 145, 146

Hevajra, 173, 283n143

hidden treasure tradition. See *Treasure Revelation*

His Majesty’s Healing Treatise (Bichi Tsampashilaha), 82

His Majesty’s Shining Healing Treatise (Bichi Tsampashilaha), 82, 275n60

homosexuality, 210–11, 286n43

horme therapy, 66, 75–78

horn suction therapy (*nabre chothab, rngab ras bcos thabs*), 80–81, 81

horoscopes, for children, 108, 109

hor people, 78, 274n35

hot and cold illnesses, 28

hot and cold substances, 48, 49, 65–66; from medicinal forest at Piercing Mountain, 48; from medicinal forest at Snow Mountain, 49

hot springs, 66

Huangdi Neijing, 164

human body: anatomy text, 85; and celestial bodies, 91, 93, 96; in health and illness, 11, 22, 24, 230; in medical illustration, 3, 40, 200–201; localization of viscera in the trunk, 42; medical view of, 24–26, 43, 45, 165; similes of, 7, 223. See also anatomy; body and mind; subtle body; medical illustration

humors, 24–25. See also three *nyepa*

Hundred Verses Written from Experience (Gongmen Konchog Pendar), 183; manuscript of, 182

I

I Ching (*Yijing*), 98, 277n53

iḍā (right-hand channel), 34. See also channels

ignorance (*marigpa*), 26–27

Illustrated Medical Simples of the Four Tantras, 240–42, 241, 242

“Imperially Commissioned Golden Mirror of the Orthodox Lineage of Medicine” (China), 201, 285n15

India: days of the week in, 104; medical traditions of, 40, 82, 84, 157; as source of *Four Tantras*, 157, 271n5 (chap. 1); pharmaceuticals in, 47, 53, 63, 88, 118; Tibetan community in, 67, 114, 258. See also *Ayurveda*; *Heart of Medicine*; Vajrāyana

Institute for Experimental Medicine (Russia), 252

Instructional Tantra: from the Chagpori woodblocks of 1952, 157; chapters on wounds, 84, 162, 163; Eight Branches and Fifteen Divisions in, 19, 20, 21; illuminated manuscript of, 158, 159; influence of *Jeweled Garland*, 166; influence of *Heart of Medicine*, 165; influence of *Writing for Sons*, 167; origins of, 157; pharmacology in, 52, 227; and the revelation of the *Four Tantras*, 140; sources of, 163, 167

Instruction of Six Golden Key Collections (Yuthog the Younger), 173

Instruction of the Elders (Zurkhar Lodro Gyalpo), 167, 185–87, 228, 288n20

intellectual property, 122, 278n24

internal organs, representations of, 40, 42

internet: and purchase of Tibetan medicine, 111, 115; Tibetan medical curriculum on, 117; used to arrange astrological consultations, 106

intersectorian disputes, 209

intravenous medicine, 112

J

Jagowa Losang Wangchug (Bya go ba Blo bzang dbang phyug), 201

Jamchen Choje Shākya Yeshe, 149

Jamdun, 131

Jamgmen Lepse (Ljang sman Leb se), 173

Jamgon Kongtrul (’Jam mgon kong sprul; first), 95, 180, 237–39

Jamgon Kongtrul (second), 239

Jampa Gyaltsen Dagthon, 103

Jampal Dorje (Jambal Dorji), 230, 287nn16,17, 288n27. See also *Beautiful Marvelous Eye Ornament*

Jampa Lhakhang, 131

Jampa Thubwang: *Jewel of the Heart*, 261; and the Thirteenth Dalai Lama, 261, 267

Jampa Trinle: biography of Gongmen Kongchog Phendar, 85; on Khandro Yanga, 86–87; on *King of the Moon*, 163; on medical illustrations, 200, 202; on Northern and Southern schools, 185; on origins of the *Four Tantras*, 159; residence at Lhasa Mentsikhang, 264; on Yuthog the Younger, 168

Jamyang Khyentse Wangpo, 135

Jamyang Loter Wangpo, *Compendium of All the Tantras*, 137, 150

Jamyang Tashi, 274n37

Janārdana, 164

Jang (Byang) tradition, 74, 142, 155, 158, 174

Jangchup Od (Byang chub ’od), 164

Jangdag Namgyal Dragzang, 183–85, 187. See also Jangpa Namgyal Trakzang

Janglug (Byang lugs, Northern School), 183–85, 187

Jangngo Namgyal Dorje (Byang gnos rnam rgyal rdor rje), 82

Jangpa Namgyal Trakzang, 155, 157. See also Jangdag Namgyal Dragzang

Jangpa school. See Jang (Byang) tradition

Jangpa Tashi Palsang, 155–57

Jang Traduntse (Byang sprā dum rtse), 130

Jedrung Jampa Jungne (Rje drung byams pa ’byung gnas), 86

Jetsun Dragpa Gyaltsan, *Royal Treasure of Medicine*, 84

Jewel Garland (Yuthog the Younger), 165–66, 168

Jewel of the Heart (Jampa Thubwang), 261

Jigme Wangchug, King of Bhutan, 87

Jincheng, Princess, 94, 98

Jivaka, 47

Jivakumārabhṛta, 145

Jokhang Temple (Great Temple of Lhasa), 130, 202

Jonangpa tradition, 45

Journeys with Tibetan Medicine (film by Martin Saxer), 247, 278n3 (chap. 6)

Jowo Lundrup Tashi, 174, 281n2

jugpa (*byugs pa*) massage, 67–68
Ju Mipham, 173, 239. *See also* Mipham Namgyal Gyatso

K

Kadampa order, 191
Kagyu school, 86, 180, 185, 187, 191, 193. *See also* Drigung Kagyu school
Kālacakra system, 104; subtle body in, 34, 34, 42
Kālacakra Tantra, 91, 93–94, 99, 289n16; Buddhist cosmological scrolls illustrating, 96
Kalachakra initiation (Washington DC, 2011), 114
Kalden Jampaling assembly hall (Chamdo), 131
kama lug (*bka' ma lugs*, open kama tradition), 157
Kaminsky, Grigori, 252, 253
Kangyur (Buddhist canon), 146
Kangyur Lhakhang (Ramoche), 130
karchu (*skar chu*, “stargazing” water), 65
karma, 31, 91, 104
Karma Chagme (Kar ma chags med), 180
Karmapa lineage, 185, 193, 239; Rangjung Dorje, Third Karmapa, 186
Karsey Kongtrul, 239
karts'i (*skar rtis*, astronomy/astrology), 91
Kathmandu, 62, 112–13, 141, 273n20, 275n3
Kawa Karpo Lhakhang, 131
Kelzang Podrang, 130
Kentmann, Johannes, 202
Kham, representations of buddhas of medicine at, 131
Khandro Yanga (Khang dro dbyangs dga'), 86–87, 264; performing cataract surgery, 87
khog 'bugs (interior analysis), 285n25. *See also* *Mirror of Beryl*.
khorlo. *See cakra*
Khubilai Khan, physicians of, 169
Khyenrab Norbu (Mkhyen rab nor bu): anatomy text of, 86; *Excellent Vase of Elixirs*, 56, 59; and the Lhasa Mentsikhang, 261, 263; medical treatises of, 261; *Mirror of the Moon*, 40, 261; project to assemble medical paintings, 202; students of, 264; taught cataract surgery to Khandro Yanga, 87; texts

on identification of plant simples, 239
Kimbhīra, 269; holding a mongoose and a vajra, 151
King of the Moon, 68, 160, 163–64
kinship lineages, 189, 197. *See also* Drigung Kagyu school; Zur tradition
Kislovodsk, 251
Konchog Phendar (Dkon mchog phan dar), 84, 85, 183; *Hundred Verses Written from Experience*, 182
Konchok Rinchen, 168
Kongtrul Yonten Gyatso (Kong sprul Yon tan rgya mtsho), 163–64
Kongtse (Confucius), 94, 96, 98
Kongtse Trulgyi Gyalpo (Kong tse 'phrul gyi rgyal po), 94, 95
Korvin-Krasinski, Johannes von (Brother Cyril), 254, 255
Kreindl, Dr., 251, 252
Kriyā Tantra, 146
Kuman, 113
Kumbum Jampaling Medical College, 131
Kumbum Monastery, 257
Kunchog Dhondrup, 282n42
Kunga Phuntsog (Phuntshogs), 87, 275n92
kunye (*bsku mnye*) massage, 29, 67–68, 88, 117
Kutsa Da Od (Khu tsa zla 'od), 158
kuwa (*khu ba*, regenerative fluids), 26
kuya (sediment in urine), 28
Kuyjp, Leonard van der, 162
Kyebu Melha Chagdum (Skyes bu melha phyag dum), 84
kyilkor (*dkyil 'khor*, center and periphery, Tib. for mandala), 63

L

la (*bla*, vital energy), 72, 72, 73, 79, 99–100, 106
Labrang Monastery: and the Cultural Revolution, 224; history of, 222; images of the buddhas of medicine, 131; medical college of, 221, 222, 225, 257; murals depicting unfolded trees, 221–25, 221; set of medical paintings, 202, 286n29; tree mural for pharmaceuticals, 273n14
lalanā (right-hand channel), 34, 45. *See also* channels
lapis lazuli, 129, 278n4
Larawa Losang Donden (La ra ba Blo bzang don Idan), 174

Last Tantra: on bloodletting, 72–74; cold and warming fomentations in, 65–66; on feeling the pulse, 27; illuminated manuscript of, 160; influence of the *Heart of Medicine*, 165; on moxibustion, 68–70, 69; pharmacology in, 50, 52, 162; as practical guide to therapy, 20, 21, 29, 65, 228; on pulse analysis, 277n73; and the revelation of the *Four Tantras*, 140; on rough therapies, 68; on the “seven limbs of compounding medicines,” 50, 52; sources of, 163, 165, 168; on spoon treatment, 84; on urine diagnosis, 28
Laufer, Berthold, 98, 286n30
leprosy, 74, 103, 191, 193
Lessing, Ferdinand, 286n28
lhag tong (*lhag mthong*) meditative practice, 272n1
Lhaje (*hla rje*, title for healers), 191–92, 194
Lhaje Zurpoche, 191
Lhalung Pelgyi Dorje, 135
Lhasa: as center for medical learning, 257; drawing of, with the Potala at center, 259; map of 1947–48, 264; map of 1997, 264; map showing Tengyeling Monastery, 263; perspective map, 262. *See also* Chagpori Medical College; Lhasa Mentsikhang
Lhasa medical paintings. *See* Tibetan medical paintings
Lhasa Mentsikhang: architecture and design, 262–63; associated institutions, 257, 265; and childbirth, 40; under communism, 264; during the Cultural Revolution, 264, 265; eye surgery at, 86, 87; ground plan, 265; as institute of medicine and astrology, 91; manuscript of the *Yellow-edged Volume*, 162, 162; on map of 1947–48, 264; medical paintings at, 202, 286n36; mission of, 261; museum and collections, 264–65; in the 1950s and 1960s, 265; since the 1980s, 265; old building of, 5, 265; and pharmaceutical production, 60; practice of medicine at, 28, 275n92; shrine room inside old building, 265; site of, 262, 262, 264, 264, 290n24; therapeutic department, 29, 67. *See also* Khyenrab Norbu

Lhatsun, king of, 173
Lhepa Genyen (Lhas pa dge bsnyen), 202
Lhundung Namgyal Dorje (Lhun sdings rnam rgyal rdo rje), 74, 202
life forces. *See la*
life horoscopes, 109; birth horoscope for a child, 108
life of the Buddha murals, 201, 286n17
life-reform movements, 254–55
lifespan, 43, 93, 109, 180, 272n34
lingthog. *See* cataracts
Li Shizhen, 201, 228. *See also* *Bencao Gangmu*
liver disease, 66, 163, 227, 275n71. *See also* sunken liver
Lcags po ri. *See* Chagpori Medical College
Lobsang Dolma (Blo bzang sgrol ma), Lady Doctor, 85, 276n37
Lobsang Wangyal, 87
Lodrag Tenzin Norbu (Lho brag Bstan 'dzin nor bu), 84, 201, 202
Lodro Gyaltsen (Blo gros rgyal mtshan), King, 163
lokag (*lo skag*, obstacle-year), 107
Lo Kunphen (Mustang, Nepal), 119
longevity attainment practices, 37, 40, 41, 120
long-life pills, 273n22
losar (Tibetan New Year), 111
lotho (almanacs), 29, 30, 106
lotus iconography, 174
Lotus Sūtra, buddhas of medicine in, 129, 279n8
Lozang Chodrag. *See* Darma Menrampa Lozang Chodrag
Lozang Tashi, 57–59
Lta na sdug. *See* Tanadug
Ludrup Gyatso (Klu sgrub rgya mtsho), 165–66
Lukhang (Klu khang) temple, paintings of, 35, 36
lum (medicinal baths), 66–67, 119
lunar cycle of *la*, 99–100
lung (*rlung*, wind): and the channels of the subtle body, 35–36; desire and, 27; disorders of, 29, 35–36; exercises to control, 35; features of, 24–25; in pulse, urine, and tongue analysis, 28; used to translate two Sanskrit terms, 272n16 (chap. 2). *See also* three *nyepa*
Lungmar Gonpo Rinchen, 174
Lutz, Karl, 255

luzung dun (*lus zungs bdun*, seven bodily constituents), 10, 271n14 (chap. 1)

M

Macig Labdron, 191
madhyama-nāḍī (central channel), 34. *See also* channels
Magic Mirror Explicit Treatise on the Treatment of Abdominal Wounds, 161, 162. *See also* *Explicit Treatise*
magic squares, 95, 100; in protection paintings depicting a turtle, 97, 101
Mahamudra doctrine, 193
Mahāyāna Buddhism, 8, 10, 19, 74, 86, 94, 129
Mahāyānic medical saint (*sman pa byang sems can*), 85
Mahāyoga, 195
Manaho (physician), 86
manas (mind), 33
Manasija, 140, 160
Manchu empire, 247, 248, 249, 290n22
Manchu language, 230
Mandala Chapel (Ddkyil 'khor lha khang, Toling), 130–31
mandalas: associated with buddhas of medicine, 142, 145, 149–50; displayed in monasteries, 122, 130; iconography of, 63, 130, 131; situation of Tanadug in, 17; and Tantric practice, 33, 40, 180; visualized by the physician, 214–15, 214, 216
Mangmo Mentsun (Mang mo Sman btsun), 164
Mañjughosa (Mañjuśrī), 129, 130, 135, 145, 149. *See also* Mañjuśrī
Mañjuśrī (Mañjughoṣa): iconography of, 174; linked to Kongtse Trulgyi Gyalpo, 94, 95; source of knowledge in *White Beryl*, 94; turtle as manifestation of, 100, 107, “yellow wheel of,” 106. *See also* Mañjughoṣa
marigpa (ignorance), 26–27
Marpa, 193
marriage, 109
massage therapy, 29, 67–68, 88, 117, 252, 254, 289n32
Master of Remedies. *See* Medicine Buddha
master of the month (*zla ba'i bdag po*), 103
materia medica. *See* botanical illustration; *materia medica* handbooks; pharmaceuticals; pharmacology

- materia medica* handbooks, 11, 227–45. *See also* *Beautiful Marvelous Eye Ornament*; botanical illustration; *Crystal Mirror of Marvelous Tanadug*; *Materia Medica of Tibet and Everlasting China*
- Materia Medica of Tibet and Everlasting China*, 243, 244
- Meagtsom (Mes ag tshom), King, 82
- means for attainment, 135, 142–46, 146, 150, 269, 280n59
- Measure of Gold, Measure of Silver*, 183
- mebum*. *See* cupping therapy
- medical colleges, 179, 199, 257. *See also* Chagpori Medical College; Labrang Monastery; Lhasa Mentsikhang; Men-Tsee-Khang
- medical compounding, 50–51, 52, 56, 223. *See also* pharmaceuticals; pharmacology
- medical history, 189–91
- medical illustration: anatomical, 40, 202, 224, 223; in China, 201; in early Tibetan texts, 200–201; and medical training, 20, 202, 240; modern, 288n54. *See also* botanical illustration; *materia medica* handbooks; Tibetan medical paintings; unfolded trees
- medical instruments, 65, 86; bloodletting, 76; for cataract surgery, 88; for spoon surgery, 84, 87; used in external therapies and minor surgery, 82
- medical lineages, 117, 119, 142, 153, 183, 189, 191–94, 197, 257, 281n97. *See also* Drangti medical lineage
- medical literature, genres of, 227, 273n19
- medical nectar. *See* nectar
- medical practitioners: actions of a bona fide doctor, 153, 281n97; attainment of Buddhahood by, 218, 219–20, 219; charlatans, 153, 281n97; inauspicious acts by, 211, 211; monks and laymen, 211; terms for, 155; twin goals of, 218, 219; visualization by, 212, 214–15, 214, 215, 216. *See also* clinical practice
- medical simples (*trungpe*, *khungs dpe*), 52–53, 56, 227, 231, 243; illustration of, 240–41. *See also* *Illustrated Medical Simples of the Four Tantras*
- medical training: and certification to practice, 119; dissection in, 84; in external therapies, 89; medical illustration and, 20, 202, 225, 240; and medical lineages, 281n97; online, 117, 278n15, 278n18; in pharmacology, 53; plant identification in, 118, 240; secret oral instruction, 19; students' motivations, 119; Tibetan, in the West, 117–18, 278n15
- medical trees. *See* unfolded trees
- medicated plasters, 121–22, 122
- medicinal baths (*lum*, *lums*), 66–67; department of, at Qinghai Tibetan Medical College, 119
- Medicine and Astrology Institute. *See* Men-Tsee-Khang
- medicine bags, 58, 60
- Medicine Buddha (Bhaiṣajya-guru): aspirations of, 138–40, 152, 280n55; with attendant deities and medical lineage holders, 146, 149; and authorship of the *Four Tantras*, 159, 217; blue radiance of, 129; copper statue with blue hair, 131; cult of, 129; disciples of, 17; elaborate entourage of, 146–49; as emanation of the Buddha, 155; with entourage of eight bodhisattvas, 139; flanked by two bodhisattva attendants, 131, 137; iconography of, 129, 130, 131–35, 205; invoked during moxibustion, 71; invoked during permission ritual, 136, 137–40; invoked during production of pharmaceuticals, 59; mandala of, 150–53, 151, 250; mantra of, 71, 142, 145, 274n28; in meditation practice, 19; palace of, 50, 130, 145; portrayed as subsidiary to Prajñāpāramitā, 149, 149; portrayed on mountaintop at Tanadug, 205; presentation of teaching in *Four Tantras*, 10, 94, 155, 157, 160; and the revelation of the *Four Tantras*, 140; role of, in the *Four Tantras*, 17, 219; shrine room for, at Tongdrol Chenmo Stupa, 130; siblings of, 129; on a silk painting, 5, 132, 279n30; statue of, on lotus seat, 134; statues of, 131–32, 132, 133; *torma* offering to, 194; used in packaging of products, 123; visualization of the physician as, 212, 214; above wolf-headed Yuthog protectress, 175. *See also* buddhas of medicine
- medicines. *See* pharmaceuticals
- meditation: and the buddhas of medicine, 135, 145, 150; and *chulen* practice, 120; deities of, 150, 270, 283n143, 284n144; and dissolution, 37; in empowerment rites, 150, 153, 155, 269, 270; as focused attention, 114, 120; generation stage of, 150, 279n44, 281n90; iconography of, 215; and illness, 193, 194; ritual diagrams for cakra meditations, 25; in Vajrayāna practice, 19; visualization of the Medicine Buddha in, 19
- medro* (*me drod*, digestive heat), 26, 68
- melong* (mirror), for children's sunken liver treatment, 81, 81
- memorization, 19, 271n10 (chap. 1)
- mendrub* (*sman grubs*, medicine empowerment), 59, 179. *See also* empowering medicine
- Mengag gyu* (*Man ngag rgyud*). *See* *Instructional Tantra*
- menjor* (medical compounding), 56. *See also* medical compounding
- menpa* (medical practitioner), 111, 155. *See also* *amchi*; medical practitioners
- menpa dratsang* (*sman pa'i grva tshang*, medical colleges affiliated with monasteries), 130. *See also* Chagpori Medical College; Labrang Monastery; Lhasa Mentsikhang; medical colleges; Men-Tsee-Khang
- Men-Tsee-Khang (Medicine and Astrology Institute, Dharmasala): amulet making at, 105; astrology department of, 105–9; *chulen* products of, 120; collection of, 233, 239; death charts and life horoscopes at, 108–9; deceased patients of, 84; establishment of, 258; as faculty affiliation, 117; and link between medicine and astrology, 91; manufacture of Tibetan medicines, 12, 29, 115; study of pharmacology at, 30
- Mentsikhang. *See* Lhasa Mentsikhang; Men-Tsee-Khang
- mercury, 185, 232
- metsa* (*me btsa*, Tibetan-style moxibustion), 68. *See also* moxa wool; moxibustion
- mewa* (*sme ba*, numeric squares), 97, 100, 101, 107
- Meyer, Fernand, 185, 201
- migche* (*mig 'byed*, cataract surgery), 86. *See also* cataracts; cataract surgery
- migthur* (eye spoon). *See* spoon surgery
- Mikyo Dorje, 185
- mind, Tibetan concept of, 3, 7, 33
- Mipham Namgyal Gyatso, 86, 135. *See also* Ju Mipham
- Mirror of Beryl* (Sangye Gyatso): account of Yuthog the Elder and Yuthog the Younger, 158, 174; eighteenth-century print edition of, 161; on introduction of surgical techniques, 81–82; sources of, 189
- Mirror of the Moon* (Khyenrab Norbu), 40, 261
- mo nad*. *See* women's disorders
- monasteries: in Buryatia, 248, 289n4; Gelugpa, 257; and medical colleges, 130, 179, 257; murals at, 201, 286n18. *See also* Labrang Monastery; monasticism, depictions of; Tengyeling Monastery
- monasticism, depictions of, 210–12, 210, 211
- Mongolia, 180, 230, 240–42, 257, 287n16, 288nn21,46. *See also* *Beautiful Marvelous Eye Ornament*; Buryatia; Jampal Dorje
- Mościcki, Ignacy, 253, 254
- Mother and Son of Explicit Treatise*, 161
- Mount Sumeru, 150
- moxa wool (*trawa*, *spra ba*): used in golden-needle therapy, 79, 79; used in moxibustion, 70, 71, 72
- moxibustion: application of moxa, 71–72, 71, 72; calendar restrictions on, 104; charts, 231; in contemporary medical practice, 29, 72, 68–70; creation of cones for, 71; depicted in Dunhuang texts, 65, 67, 68, 98, 201; as external therapy, 65; invocation of Medicine Buddha during, 71; and the location of /a, 99; and the lunar cycle, 99–100; performed on animals, 70; points, 3, 8, 68, 70, 70, 201; popularity of, 89, 275n97; preparations for, 70–71; restriction of, 89; in the Tibetan medical paintings, 44; used in conjunction with hot spring waters, 66; use of *horme* therapy in place of, 78; uses and contraindications, 72
- mudrā* (hand-movements), 33
- mugwort, 8, 70–71
- multilingualism, 230
- Mune Tsenpo, King, 85
- murals: at Dratang, 131, 132; of the life of the Buddha, 201, 286n17; of monastery building and celebrations, 201, 286n18; at Tongdrol Chenmo Stupa, 131. *See also* Labrang Monastery
- Muravyov-Amursky, Nikolay Nikolayevich, 248
- Musée Guimet, painting of Medicine Buddha entourage, 150, 281n86
- Museum der Kulturen (Basel), copper statue of Bhaiṣajya-guru, 131, 132
- musk, 58, 63, 273–74n26
- Mutri Tsenpo, Prince, 155–57
- myrobalan (*arura*), 8, 122, 174, 241; forest of, on Fragrant Mountain, 50; from illustrated *materia medica* manuscript, 241

N

- nabre chothab* (*rngab ras bcos thabs*, horn suction therapy), 80–81, 81
- nāḍī* (channels), 34, 34, 35. *See also* channels
- Nāgārjuna, 280n67
- nagtsi* (*nag rtsis*, “Chinese divination”), 91, 106. *See also* astrology
- Namgyal Dorje, 142. *See also* Lhunding Namgyal Dorje; Jangngo Namgyal Dorje
- Namgyal Gyatso, *Jewel Mirror of the Topographical Lines of the Upper Body*, 86
- Namgyal Lhakang, 130
- Namkhai Norbu (Chögyal Namkhai Norbu), 35, 117, 272n29
- namshe* (*rnam shes*, consciousness), 33
- nectar, 66–67, 142, 145, 174, 269–70; iconography of, 131, 132
- Nectar Stream of Empowerment Rite, 269–70. *See also* empowerment rites
- neem, 8, 274n32 (chap. 3)
- Nepal, practice of Tibetan medicine in, 112, 119

Nepean, Evan, 260
 New Tantra System, 37
 Ngakpa Dratsang (Sera Monastery), 130
 Ngawang Lozang Gyatso. *See* Fifth Dalai Lama
ngobo (nature/essence), 228
 Ngor Monastery collection, 150
 Nikolay II, Tsar, 249
nirvāna, 8, 136, 138, 268
 noble truths, 7
 nonsectarian movement, 237
 Norbulingka, 130, 202
 Northern school (Byang lugs), 183–85, 187
 numeric squares (*mewa*), 97, 100, 101, 107
nupa (*nus pa*, potency), 48, 49, 52, 227, 228
nyamyig (*nyams yig*, writing from experience), 40
 Nyangde Senge Dra (Myang 'das seng ge sgra), 164
 Nyangral Nyima Ozer (Nyang ral nyi ma 'od zer), 179
 Nyapa Chosang (Gnya'pa chos bzang), 82
nyepa imbalance, 31, 272n16 (chap. 2). *See also* three *nyepa*
nyepa points, 70
 Nyetang Dolma Lhakhang, 130
nyig (*snyigs*, impurities), 26
 Nyingchag Jamzer (Snying lcags byams zer), 224, 224
 Nyingjei Lam Collection, image of Medicine Buddha at, 131
Nyingma Collected Tantras, 180
Nyingma Great Perfection, 180
 Nyingma (Rnying ma) school: in the *Blue Annals*, 191; identification of Bhaiṣajyaguru with the second buddha, 146; permission rituals, 135; and Treasure Revelations, 42, 179, 180; view of *Four Tantras*, 158, 189; *Yuthog Heart Essence* in, 150

O
 obstacle-year (*lokag*), 107
 Oddiyāna, 280n60
 oil massage, 66, 67–68, 88. *See also* massage therapy
 omens, 211, 271, 212
 omniscience, 94
 Ongmen Ane (Ong sman a mes), 164
On the Jewel Collection, 82
 open karma tradition, 157
Oral Instruction Tantra. *See* *Instructional Tantra*
 Orgyan Rinchenpel, 280n60

Orgyen Menla, 146, 149;
 in ungilded bronze, 144,
 281nn82,83
 Osung, 135

P
 Pacification tradition, 193
 Padampa tradition, 121
 Padma, Inc., 60–62, 63, 255, 289n40; *Padma Digestin*, 61, 62; *Padma Lax*, 61, 62; *Padma* 28, 61, 61–62, 274n32 (chap. 3); Tibetan medicine in capsules from, 67
 Padmasambhava, 157, 160, 180; *Vase of Immortality Nectar* (attrib.), 181
 Palden Trengwa, 150
 Pal, P., *Himalaya: An Aesthetic Adventure*, 149
 Palpung, 237–39, 287n16
 Palpung Monastery, 166
 Panchen Shakya Chokden, 157
pandits (Indian scholars), 8, 157
 Pandita Janārdana, 164
pangyen (Aconitum), 240
parkha. *See* eight trigrams
 Pasang Yontan Arya, 278n15
 Pawo Tsuklag Trengwa (Dpa' bo gtsug lag phreng ba), 94, 142, 157, 163, 174
pecha (text), 174
 pediatrics, 87, 197; children's sunken liver mirror therapy, 65, 81; promotion of health and long life in children, 195; from the Tibetan medical paintings, 197
 Pelkortsan, 135
 Pelliot, Paul, 68, 98–100, 274n22
 Pema Lingpa, edible letters from collection of the treasure discoveries by, 197
peri (*dpe ris*, illustrated manuscripts), 232. *See also* *materia medica* handbooks
 permission rituals, 135–40, 267–69
 Persia, 82, 275n46
 Phagton Shākya Gonpo (Phag ston Shākya mgon po), 174
 pharmaceuticals: aromatic, 232; association with Buddhism, 62, 62; and astrology, 93; biomedical, 116; from the Buddhist canon, 8; classification of, 228, 229, 231, 231–37, 239, 241, 245; clinical trials of, 273n10; commercial production of, 12, 88, 116, 118–19, 121, 245, 254, 255, 265, 273n23; compounding of, 53, 58, 58, 223, 223; cost of, 60; derived from animals, 228,

231; for digestive problems, 61, 62; doses of, 61; earth, wood, and plant medicines, 53; earth medicines, 231, 231; efficacy of, 47, 49, 59, 60, 61, 63; essence extraction medicines, 57; factory production of, 59; as food, 228; herbal medicines, 233; illustrations of, 240; ingredients for, 47, 62, 274n32 (chap. 3); local variation in, 245; marketing of, 7, 61, 62, 62, 121; medicines from the plains, 233, 239; packaged in capsules, 61, 67; perception of, by Shang Shung students, 118–19; for phlegm disorders, 187; precious pills, 56–57, 57, 111, 115, 278n24; prepared at Chagpori Medical College, 261, 267; prescriptions for, 29; production of, at Padma Inc., 60–62; production of, at Tashilunpo Monastery clinic, 57; protection of resources for, 12; recipe books for, 56; registered in the West, 255; in Russia and Poland, 253–54; sent to relatives abroad, 115, 116; seven limb procedure for compounding, 50–51; stone medicines, 227, 229, 237, 241; storage of, 58, 59; substances used in medical compounds, 218; substitution of ingredients in, 56; supplementary *materia medica*, 205; taken on faith, 115–16; taste and potency of, 289; toxins in, 51, 57, 60; at Tenzin Dargye's clinic in Kathmandu, 112–13; in the Tibetan medical paintings, 53–56, 53; ties to India and elsewhere, 63; use of, by Tibetans in the United States, 115; varieties of, 57–58, 61, 273n22; workshop on production of, 62. *See also* animals, medicines derived from; herbal medicines; pharmacology; tree medicines
 pharmacology: basic principles of, 3, 47–48; in contemporary medical practice, 30, 56–57; contribution of Zurkar Nyamni Dorje to, 185; habitat and, 237; illustrated manuscripts on, 227, 232, 239, 240, 242–43; in medical education, 53; study of medical text at night, 189; Tibetan-Chinese collaboration on, 243, 288n56; in Tree of Treatment, 52. *See also*

Beautiful Marvelous Eye Ornament; Crystal Mirror of Marvelous Tanadug; Deumar Tenzin Phuntsog; *Four Tantras*, pharmacology in; Jampal Dorje phlegm. *See* *beken*
 Phunwang, Dr. (Phuntsok Wangmo), 117, 118
 physicians. *See* medical practitioners
 Piercing Mountain, showing medicinal forest, 48
 pine tree divination, 93, 94
piṅgala (left-hand channel), 34. *See also* channels
 Pir, Sage, 84
pitta (bile), 24, 165. *See also* three *doṣa*; *tripa*
 planets, associated with days of the week, 103–4, 104
 plants: identification of, 53, 118, 200, 228, 240, 245; modern classification of, 243–44; protection of, 12; in the Tucci Collection manuscript, 242–43; used as models for medical illustration, 201–2. *See also* botanical illustration; herbal medicines; pharmaceuticals
 poisons, 215, 217
 Poklonnaya Gora, the clinic, 250
 Poland, Tibetan medicine in, 253–55, 255
 Potala Palace, 130, 260
 potency, 48, 49, 52, 228
 Pozdneev, Alexander, 159
 Prajñāpāramitā, 149; in lieu of Bhaiṣajyaguru with entourage, 149–50, 149
prāṇa (bodily winds), 35, 36, 272n16
 precious pills (*rinchen rilbu*), 56–57, 57, 111, 115, 278n24
 Pritzker Collection: medical diagrams, 286n30; statue of Bhaiṣajyaguru, 133
 protection paintings (*sipaho*, *tsrid pa ho*): depicting a turtle, trigrams, and magic square, 101; posters of, 107; showing main elements of Tibetan divination, 97, 108; use of, 107–8
 pulse: divination, 93, 93, 100–103; reading of, 26, 27–28, 29, 60, 167, 277n73; seasonal rhythms of, 93, 103, 106, 277n73

Q
qi, 70
 Qianlong emperor (China), 199, 201

Qing dynasty, 247, 248, 290n22; fall of, 249
 Qinghai Tibetan Medical College, 117, 118, 119, 122

R
 Rabden Lepcha, 260
 Rabgya Gonpa Medical College, 131
 Ramlau, Tamara, 253
 Ramoche Temple, 130
 Ramo Shelmen Yeshe (Ra mo shel sman ye shes), 180
 Rangjung Dorje, 185, 187; in the Karma Gardri painting style, 186
rasanā (left channel), 34, 45. *See also* channels
 Rasputin, Grigori, 251
 Ratnacandrārāja (Rin chen zla ba), eight former aspirations of, 136, 280n48
 Ratna Lingpa (Rat na gling pa), 180
 Ratnasambhava, 140
 Rato, 130
 rebirth, 37; *bardo*-being in, 37
 Rechung Rinpoche, 158
 recipe books, 56
 Red Temple (Lha khang dmar po, Tholing), 131
 reincarnation, 19, 37
 rejuvenation: aging individual in need of, 214; alchemy, 180; elixir of, 212, 214, 216
 religious practice: to bolster the medical practitioner, 214; as cause of disease, 209–10, 210; as cure for illness, 193–94; as good omen for recovery, 211, 212. *See also* empowerment rites
 Relpachen, 135
renshen (human spirit), 100. *See also* *la* (vital energy)
Rgyud bzhi (*Gyushi*). *See* *Four Tantras*
 rhinoceros, 242, 242
 Richardson, Hugh, 260
rigne (*rig gnas*, arts and sciences), 94, 189, 276nn15–17. *See also* ten Buddhist arts and sciences
 Rigpa Yeshe (Rig pa'i ye shes, Vidyājñāna), 17, 19, 31, 140–41, 145, 155, 160; in illuminated manuscript of the *Instructional Tantra*, 158
rilbu (medicinal pills), 58, 61, 273n22. *See also* *rinchen rilbu*
rinchen rilbu (precious pills), 56–57, 57, 111, 115, 278n24
rinchen rilnag (black pill), 185

Rinchen Sangpo (Rin chen bzang po), 164
ris med (nonsectarian movement), 237
riyou (daily spirit), 100
ro (taste), 30, 48–49, 49, 51–52, 227, 233, 236
 Rokpa International, 278n15
 Roman planet names, 104
Root Tantra: “basis of discussion” chapter, 167; as condensation of knowledge of Tibetan medicine, 19; on ethical prerequisite for medical study, 19; origins of, 157, 165; three unfolded trees of, 4, 20–24, 22, 23, 221; translation by Barry Clark, 119; and the transmission of the *Four Tantras*, 17–19, 140
Root Text, 161, 162
Royal Collection of Healing Scriptures, 162
rten ’brel (auspicious coincidence), 104
rubel (*rus sba*l, turtle), 100. *See also* turtle
 Rubin Museum of Art (New York): scrolls featuring Prajñāpāramitā, 149; statue of Bhaiṣajyaguru, 131, 132
 Rungan Gonpa, 131
 Russia, 247, 248, 249–53, 256
 Russo-Japanese War, 251

S

sādhana. *See* means for attainment
 Śaiva Tantra, 34, 35, 35
 Śākyaketu, 130, 136
 Sakya Monastery, 185
 Sakya Pandita, 7
 Sakya School, 180–83
 Śākyaśrī, 130
saṃsāra, six realms of, 37
 Samten Karmay, 167, 168–69
 Samye (Monastery), 135, 141, 155, 159; revelation of the *Four Tantras* at, 158, 180
 Samyeling Monastery (Scotland), 278n15
sang (*gsang*, points): in *horme* therapy, 78; for moxibustion, 3, 8, 68, 70, 70, 201
sangbum. *See* cupping therapy
sangha (Buddhist religious community), 8, 116
 Sangye Gyatso (Sangs rgyas rgya mtsho): and Chagpori Medical College, 258; on Chinese astrological texts, 95; commentaries on cataract surgery, 87; influences on, 180; medical achievements

of, 200; medical lineage of, 74, 145; over Fierce Yuthog Protector, 172; painting of, 200; project to unify medical traditions, 53, 142, 237; on the *Root Tantra*, 19; and the seventy-nine medical paintings, 24, 36, 40, 199–200, 286n24; told story of Drapa Ngongshe, 85; and unfolded trees, 222; view of *King of the Moon*, 163. *See also* *Blue Beryl*; *Mirror of Beryl*; Tibetan medical paintings; *White Beryl*
 Sangye Lingpa (Sangs rgye gling pa), *Clarifying the Very Essence of Food and Drink*, 197
 Sangye Menlha. *See* Medicine Buddha
Sankt Petersburgskiy Vvedomosti, 250, 251
 Śāntarakṣita, 149; permission ritual of, 135–36, 267–69
 Sato Kalden Tashi Chokhorling, medical college, 131
 Saxer, Martin: *Journeys with Tibetan Medicine* (film), 278n3 (chap. 6), 289n40; *Manufacturing Tibetan Medicine*, 278n24
 Schaeffer, Kurtis, 285n25
 Schäfer, Ernst, 260
 Schwabl, Herbert, 60
sdong ’grems. *See* unfolded trees
 seasons, 93, 103, 104, 106, 209, 210, 277n73
 Second Dalai Lama, 120–21
 secret oral instruction, 19
Secret Treatise, 161, 162
 Sednalek Jingyon, 135
sems (mind), 33
 Sera Monastery, 130
serkhab (*gser khab*) therapy. *See* golden-needle therapy
 seven astonishing pulses, 93, 93, 103
 seven bodily constituents (*luzung dun*, *lus zungs bdun*), 10, 271n14 (chap. 1)
 seven limb procedure, 50–51, 57, 59, 273n11, 279n44
 seven near-precious things (*nye ba’i nin chen budn*), 150
 seven *tathāgatas*, 129, 267–69
 seventeen secondary qualities, 48, 49
 Seventh Dalai Lama (Kelsang Gyatso, Skal bzang rgya mtsho), 222
 sexual activity, 210–11, 286n43
sgrub thabs. *See* means for attainment

Shah Jahan, 275n85
 Shaka Tri Yeshe Jungne (Shag khri Ye shes ’byung gnas), 164
 Shakrampa Nyima Pal (Shag ram pa ’bal sman Nyi ma dpal), 169, 173
 Shalu Monastery, 130, 132
 Shambala, 250, 289n16
 Shang Lhamo Si, 161
 Shanglon Dorje Dudul, 174. *See also* Yuthog Protectors
 Shang Shung Institute (Conway, Massachusetts), 116–19, 120
 Shangshung Kingdom, 159
 Shangton Shikpo (Zhang ston zhiq po), 164
Shogyu (*Bshad rgyud*). *See* *Explanatory Tantra*
Shelgong Shelpheing. *See* Deumar Tenzin Phuntsog, *Stainless Crystal Garland*
 Shenrab Miwoche (Tonpa Shenrab), 142, 142, 158, 159
shentong doctrine (*gzhan stong*), 45
shimtig (*zhim thig*) plant, 233–36, 288nn33,34
shine (*zhi gnas*), 272n1
shing sman. *See* tree medicines
shintsi (*gshin rtsi*; death chart), 108–9
Short Treatise (Yuthog the Younger), 167–68. *See also* *Essence of Ambrosia* (Yuthog the Younger)
shuje (*zhu rjes*, three post-digestive tastes), 48
shushu (divination practices), 96–98
sidsa (*srid rtsa*, channels of being), 42. *See also* channels
sinbu (*srin bu*, parasites), 31
 Singhamukha, 160
 Singsing Gon, 131
sipaho. *See* protection paintings
 Situ Panchen, 187–89, 187, 237, 287n16; *Autobiography and Diaries*, 187–89
 Situ tradition, 185
 six tastes, 30, 48–49, 49, 50, 50, 233. *See also* *ro*
 Sixth Dalai Lama, 286n24
 smallpox, 183; manuscript on, 185
sman gyi yan lag bdun ldan. *See* seven limb procedure
sngo sman. *See* herbal medicines
 Snow Mountain, showing medicinal forest, 49
sog (*srog*, life), 272n34
sogtsa (*srog rtsa*, life channel), 43. *See also* channels
 Sokdok (Sogdogpa) Lodro

Gyaltzen, 157–58, 169;
 “Establishment of the *Gyushi*,” 168–69
Somarāja. *See* *King of the Moon*
 Sonam Paljor (Bsod-nams dpal ’byor), illustrated edition of *White Beryl*, 93, 94, 95, 99
 Sonam Thobgye (Bsod nams stobs rgyal), 87
 Songtsen Gampo, 82, 94, 160
 Southern school (Zur lugs), 183–87. *See also* Zur tradition
 Soviet Union. *See* Russia; Stalin, Joseph
 Sowa Rigpa (*gso ba rig pa*): certification in, 117–18; in Chinese Tibet versus Dharmasala, 88, 121; codification of, 7; connection with Buddhism, 7, 10; future of, 11–12; journey of, to the West, 5, 247; meaning of the term, 3, 7; practitioners of, 155; textual corpus of, 5; and Tibetan identity, 111; transmission of, 12–13. *See also* *Four Tantras*
 speech, 33, 35, 68
 Speransky statute (1822), 248
 spirit-inflicted illness, 93, 103. *See also* spirit possession
 spirit possession, 75, 180, 216. *See also* spirit-inflicted illness
 spoon surgery, 3, 81, 84, 85, 87. *See also* cataract surgery
 Spuhujidhvaja, *Yavanajāṭaka* of, 104
 Śrīmītra, 129
Stainless Crystal Garland. *See* Deumar Tenzin Phuntsog
 Stalin, Joseph, 252, 253, 256
 Stein, Aurel, 68, 274n22
stod lugs (upper tradition), 81–82
 stone medicines (*rdo sman*), 227, 229, 236
Store of Precious Treasures, 150
Subsequent Tantra. *See* *Last Tantra*
 subtle body, 33–40, 42
 Sudarśana, 142, 145
 Sudhana, 286n17
sūkṣmaśārīra, 33–34. *See also* subtle body
 Sumpa Kenpo, 230
 Sumton Bumme (Sum ston ’Bum me), 174
 Sumton Yeshe Kunga (Sum ston Ye shes kun dga’), 174
 Sumton Yeshe Sung (Sum ston Ye shes gzungs): and authorship of the *Four Tantras*, 157, 160; disciple of Yuthog the Younger, 173; *Effortless Accomplishment of the Five Bodies*, 155; and the *Jeweled*

Garland, 166; and transmission of the *Four Tantras*, 155, 157, 169, 174; and the *Yuthog Heart Essence*, 150, 169, 179
 Sunāmaparikīrtanaśrī, eight former aspirations of, 279–80n47
sungkhor (*srung ’khor*). *See* amulets
 sunken liver, 65, 81
Supplement to the Instructional Tantra (Sangye Gyatso), 87
 “supreme radiance” (*dangchog*, *mdangs mchog*), 26
 surgery: decline in practice of, 85–86, 88; history of, 81–84; instruments for, 82, 82, 84, 86, 87, 88; medical works on, 82, 84–85, 163; as rough therapy, 68. *See also* cataract surgery; spoon surgery
surya disease, 74, 274n32
 Sūryaprabha (Sunlight), 129, 131, 132, 137, 149
 Susruta, Sage, 82
Suśruta saṃhitā, 164
suṣumnā (central channel), 34. *See also* channels
 Switzerland, 7, 47, 61, 62, 63, 88, 256

T

Tagri Nyenzig (Stag ri gnyan gzigs), King, 86
 Tai Situ Chokyi Jungney (Ta’i Situ Chos kyi ’byung gnas), 86
Taittiriya Upaniṣad, 35
 Takten Migyur Podrang, 130
 Taktsang Lotsawa, 157
 talismans, 183, 194–95, 197. *See also* amulets
 Tanadug (Lta na sdug): and Chagpori Hill, 258; depicted with palace of Medicine Buddha at center, 17, 19, 50; site of Medicine Buddha’s teaching of the *Four Tantras*, 17, 157; as source of medicines, 48, 49, 50, 51, 51
 Tanpa Gyatso (Bstan pa rgya mtsho), 224
 Tantric Buddhism. *See* Vajrāyana
 Tantrika Painting, 35, 35
 Taptanai, 247, 248
 Tārā, 120, 149, 170, 171, 250, 269
 Tāranātha, 137
tarka (*gtar ka*). *See* bloodletting
 Tarthang Monastery (Amdo), 279n29
 TAR Tibetan Medicine Pharmaceutical Factory, 265
 Tashigang, 130
 Tashilhunpo Monastery (Shigatse): bloodletting

- instruments from, 76;
painting mandala of palace
of Medicine Buddha, 130;
production of medicines
at, 57–59, 57, 58; storage of
pharmaceuticals at, 59
taste. *See ro*; six tastes
tathāgatas. *See* seven *tathāgatas*
Taussig, Michael, 124
telpa (cauterization). 74–75, 77,
78, 274n34 (chap. 4)
ten Buddhist arts and sciences,
4, 7, 189; five major sciences,
189; five minor sciences,
271n3. *See also rigne*
tendrel (*rten’brel*, dependent
origination), 33
Tengyeling (Bstan rgyas gling)
Monastery, 262, 290nn22,24;
on map of Lhasa, 263
Ten Million Relics, 185
ten trunks and twelve branches,
277n81
Tenzin Dargye, clinic of, 112–14,
123
Tenzin Norbu Gyatso, 202
Tenzin Palchok, 260
Tenzin Wangdrag, 282n42
terma (Treasure Revelation), 42,
157, 158, 179–80, 197
Terminalia Chebula. *See* myroba-
lan (*arura*)
Thangton Gyalpo, 258
Theosophical Society, 34
thigle (essences), 34, 36
Thirteenth Dalai Lama (Thubten
Gyatso), 60, 202, 249, 261–62;
and his personal physician,
261
“1080 types of obstacles,” 17
thread-cross rituals, 180, 183;
thread cross to counter
diseases and misfortune, 183
three baskets (*Tripitaka*), 8, 271n7
three *doṣa*, 24, 164, 165, 272n16
(chap. 2)
three-fold concepts, 4
three mental poisons (*dugsum*),
10, 19
three *nyepa*: balance of, 27, 28,
67; in book by Włodzimierz
Badmajeffer, 254; calendar
effects on, 106; and the diges-
tive process, 26; and external
therapies, 65; and hot spring
waters, 66; role in health, 17,
48; and the six tastes, 49;
theory of, 3, 24–26; and the
three mental poisons, 10. *See*
also *beken*; *lung*; *tripa*
three post-digestive tastes (*shuje*,
zhu rjes), 48
Three Scroll Collections (Yuthog
the Younger), 173, 284n148
Three Vajras (Three Gates), 33
Thubken Losang Chokyi Nyima
(Thu’u bkwan Blo bzang chos
kyi nyi ma), 158
Thubten Gyatso. *See* Thirteenth
Dalai Lama
Thubten Phuntsog, 142, 239,
281n69
Thubten Tsering, 159, 260, 261
thug (*thugs*, mind), 33
thurma. *See* spoon surgery
Tibetan Medical College (Lhasa),
117, 202, 265
Tibetan medical paintings: aging
individual in need of rejuvena-
tion, 214; Bhaiṣajyaguru in
the form of Aśvottamallā,
150; bloodletting chart, 75;
botanical and zoological
illustrations, 53, 202; Buddhist
visualization in, 214–15, 214,
215, 216; causes of conta-
gious diseases, 210; causes
of fever and other ailments,
209, 209; circulation of *la*
in the body, 72; compared
with *Beautiful Marvelous Eye*
Ornament, 231; compared
with Labrang murals, 223–24,
225; compared with other
materia medica texts, 232–37,
239, 241–42, 288n34;
compounding of medicinal
powers, 53; contagious
fevers, 185; copies of, 202,
286nn28,30, 288n31; creation
of, 11, 40, 202, 286n24; diag-
nosis and medical treatment,
53; dietics, 193, 209; doctors
performing inauspicious
actions, 211; earth, wood,
and plant medicines, 53;
eight stages of dissolution at
death, 40; entrustment of the
Four Tantras, 189; Fragrant
Mountain, 50; Garland
Mountain, 51; good and bad
omens for patients’ recovery,
211; Guhyapati Vajrapāṇi,
215; herbal medicines, 205;
hoped-for end result of
medical practice, 219; human
embryology, 40; inappropriate
diet and behavior alongside
demons, 218; influence of,
239–40; lacking religious
imagery, 209; localization
of viscera in the trunk, 42;
means to avert signs of
impending death, 212; moxi-
bustion, channels, and cakras,
44; moxibustion according
to *Last Tantra* and *Blue Beryl*,
68; non-Buddhist influences
on, 215–16; origin of poisons,
217; pediatrics, 195, 197;
physician visualizing himself
as a deity while preparing
elixir, 215; Piercing Mountain,
48; the practicing physician,
212; preserved at Chagpori
Medical College, 258; pulse
divination, 93, 93; rite to
prepare elixir of rejuvenation,
212; rituals to produce human
pubic hair and nectars, 218;
role of religion in, 5, 205–9,
212, 216, 217–19, 219–20;
sacred city of Tanadug, 19;
similes of the human body,
7; small vignettes, 202–5;
Snow Mountain, 49; study
of medical text at night, 189;
supplementary *materia*
medica, 205; Tantric and
medical body in, 45; taste and
potency of medicines, 289;
Thirteenth Dalai Lama and his
personal physician, 261; tree
of diagnosis, 23; tree of the
body in health and illness, 11,
22; tree of treatment, 4; Ulan
Ude set, 202; urine analysis
of pathological signs and
demonic influences, 103; use
in medical education, 202;
virtues and pitfalls of a doc-
tor’s career, 218; visualization
while preparing the lesser
elixir of rejuvenation, 216;
vulnerable points of the body,
205; ways to deplete the
body’s vital fluids, 201; white
channels in the body, 43
Tibetan Medicine Hospital
(Labrang), 224
Tibet House (New Delhi), icon of
Bhaiṣajyaguru, 132
time, 93
Tongdrol Chenmo Stupa
(Jonang): containing a
Medicine Buddha shrine
room, 130, 130; mural of
Bhaiṣajyaguru flanked by
two bodhisattva attendants,
131
Tongsher Mepo, 161
tongue, 28, 30, 100
Tonpa Atse (Ston pa A tshes),
173
Tonpa Shenrab (Shenrab Miwo-
che), 142, 142, 158, 159
topographical lines of the body,
86, 230
torma (*gtor ma*, dough figures),
197; offering to the Medicine
Buddha, 194; practice
description, 193
Totonon Konchok Kyap, 155, 157
Tradruk, Chapel of the Medicine
Buddhas, 130
Transcendent Perfection of
Discriminative Awareness,
149, 267
trawa. *See* moxa wool
Treasure Revelation (*terma*), 42,
157, 158, 179–80, 197
Treatment of Neck from the King
of Li [Sinkiang], 82
Treaty of Aigun, 248
tree medicines (*shing sman*), 50,
232, 236, 239
tree murals. *See* unfolded trees
Tree of Diagnosis, 20, 23, 24
Tree of the Body in Health and
Illness, 11, 20, 22, 24
Tree of Therapy. *See* Tree of
Treatment
Tree of Treatment, 4, 20, 24, 52,
67, 228; bloodletting, 72, 74
Tride Tsugtsan, 160–61, 180
Trinsel medicine, raw ingredients
for, 57
Trintsel 25 (medicine), 58
tripa (bile), 24–25, 28; disorders
of, 65, 113, 114; therapies
related to, 72. *See also* three
nyepa
Tripitaka (three baskets), 8, 271n7
Trisong Detsen, Emperor:
medical texts associated with,
82, 160, 163; and the permis-
sion ritual of Śāntaraksita,
135; portrayed in Medicine
Buddha entourage, 149;
proscription of Bon, 142; reign
of, 163; and transmission of
the *Four Tantras*, 155, 157, 159;
and Yuthog the Elder, 174,
281n2
Trogawa Rinpoche, 78, 264
Troru Monastery (Joda County),
160, 161
Troru Tsenam (Khro ru tshe
rnam), 61, 159, 167
trulkhor (‘*khrol* ‘*khor* or ‘*phrul*
’khor) exercises, 35, 36, 40,
120–21
trungpe. *See* medical simples
tsa. *See* channels
tsab (*mtshabs*, substitution of
ingredients), 56, 59
Tsadra Rinchen Drak (Palpung),
237
Tsagyü (*Rtsa rgyud*). *See* *Root*
Tantra
tsajong (*rtsa sbyong*, vein
channel cleaning), 85, 275n97
tsakar (*rtsa dkar*, white channels),
75. *See also* channels
tsalung (*rtsa rlung*). *See* channels;
lung; *nāḍī*
tsalung trulkhor practice. *See*
trulkhor exercises
Tsangmen Yeshe Sangpo
(Gtsang sman ye shes bzang
po), 222, 223, 224
Tsangton Darma Gonpo (Gtsang
ston darma mgon po), 84
Tsarong medical lineage, 183
Tsarong Palden Gyaltsen (Tsha
rong dpal Idan rgyal mtshan),
183, 185
tsa tawa (*rtsa lta ba*, feeling the
pulse), 27. *See also* pulse
tse (*tshé*, life), 43, 272n34
tsedrub. *See* longevity attain-
ment practices
tserab letsī (*tse rabs les rtsī*, life
horoscopes), 108, 109
tsetsa (*tshé rtsa*, vitality chan-
nels), 43. *See also channels*
tsī (*rtsis*, astral sciences), 91. *See*
also astrology
tsipaho (*tsrid pa ho*). *See* protec-
tion paintings
Tsodo Monastery, 169
Tsoje Shonnu Yeshe (‘Tsho byed
Gzhon nu ye shes), 174
Tsomonling Temple, 130
Tsongdu Tsokpa Lhakhang, 130
Tsong Khapa, 191
Tsongkhapa Lobzang Drakpa, 149
Tsongkhapa Temple, 278–79n4
tsug (*tshugs*) therapy, 74. *See*
also cauterization
tsuglag (*gtsug lag*, astrological/
divinatory sciences), 91. *See*
also astrology; divination
Tucci, Giuseppe, 242, 243,
288n51
Tucci Collection, untitled *materia*
medica manuscript from,
242–43, 243
tulsi plant, 8
turquoise, 227
turtle: divination chart, 103;
Golden Turtle, 100, 107; as
manifestation of Mañjuśrī,
100, 107; in protection
paintings, 101, 108; in Tibetan
divination, 100, 100; used in
urine diagnosis, 103, 103
twelve animal signs, 107
twelve branches, 277n81
twelve former aspirations,
138–40, 280n55, 280n57
twelve links of dependent
origination, 104
U
uchen (print letters), 166, 288n31
umed (cursive script), 160, 166,
288n31
Ukhtomsky, Esper Esperovich,
249–50, 251, 289n11

Ukhtomsky collection, 249–50
 Ulyanov, Dambo, 159
 unfolded trees (*dongdrem*, *sdong
 ’grem*s): anatomical, 223, 224;
 in *Beautiful Marvelous Eye
 Ornament*, 230, 230; of the
 body in health and illness,
 11, 22, 230; depicting
 compounding of medicines,
 223; illustrating the *Four
 Tantras*, 20–24, 221, 273n14;
 at Labrang Monastery, 5,
 221–25, 221, 273n14; in
 Pritzker collection, 286n30;
 tree of diagnosis, 20, 23, 24;
 tree of nosology, 222; tree of
 treatment, 4, 52, 67, 74, 78,
 228; used in teaching, 20,
 24, 225
*Unfolded Trees of the Explanatory
 Tantra* (Darmo Menrampa
 Lozang Chodrag), 222–25
 United States: availability of
 Tibetan medicines in, 115,
 116; Tibetan medicine in,
 114–15, 117–20
 University of Virginia, 114, 116
 Upa Dardrak, 155, 157
Upaṇiṣads, 35
 upper tradition (*stod lugs*),
 81–82
 urine diagnosis, 27, 28, 100–103,
 167; analysis of pathological
 signs and demonic influences,
 103; use of turtle in, 103

V

Vāgbhata, 280nn63,67. See also
Heart of Medicine
vaidūrya (beryl), 129, 278n2,
 278–79n4. See also beryl
 Vairocana: and the *Explanatory
 Tantra*, 140; translated *King of
 the Moon*, 163; and transmis-
 sion of the *Four Tantras*, 141,
 142, 155, 157, 158, 160
vajra, 174
Vajra Kilaya, 173, 284n144
Vajrapāṇi, 132, 152
Vajravārāhī, 150
Vajrāyana: practice of, 33, 36;
 subtle body in, 33–35, 40,
 42–45; Three Vajras, 33
 Van der Geest, Sijak, 47
 Vaniš, Josef, 260
 Van Vleet, Stacey, 261, 264
Vase of Immortality Nectar (attrib.
 Padmasambhava), 181
 Vassilyevna, Nadezhda, 251
vata (wind), 24, 165, 272n16. See
 also *lung*
 Vedanta, 33
 venesection, 85, 275n97
 Vidyājñāna (Rigpa Yeshe), 17, 19,

31, 140–41, 145, 155, 160; in
 illuminated manuscript of the
Instructional Tantra, 158
vijñāna (consciousness), 33
 Vinaya, 8, 135, 271n7
 (introduction)
 Vināyaka, 132
 visualization practice, 19, 195,
 214–15, 214, 215; physician
 visualizing himself as the
 Medicine Buddha, 212;
 visualization by the physician
 of another mandala, 216
 vital energy. See *la*

W

Wallace, B. Allan, *Health Through
 Balance*, 119–20
 Walmart, marketing of Tibetan
 medicated plasters, 122–23,
 123
 Wangdu, Professor, 12, 13, 174
 water, therapeutic use of,
 66–67
 Wencheng, Princess, 94, 98
 Wheel of Existence, 8, 10
Wheel of Sun and Moon, 82
White and Black Moonlight, 173
White Beryl (Sangye Gyatso): on
 illness divination, 93; illustra-
 tion of, 93, 94, 99; on Mañjuśrī
 as source of knowledge on
 divination, 94, 95; manuscript
 edition of, 94
 White Temple, 130
 Whyte, Susan, 47
 Witte, Sergei Yulyevich, 249, 251,
 289n10
 Wojciechowski, Stanislaw, 253
 woodblock printed medical texts,
 56, 167, 185, 230, 267
 women’s disorders, 223
 “worlding” of Tibetan medicine
 (Zhan), 47, 111, 275n4, 280n1
 wounds, treatment of, 160–62,
 163
Writing for Sons (Yuthog the
 Younger), 166–68; manuscript
 editions of, 166, 166

Y

yakṣa generals: Kimbhīra, 151,
 269; in Medicine Buddha
 entourage, 129, 132, 135,
 146, 149, 268
 Yang Ga, 117, 286n40
 Yan Yuan, 96
 Yarlung dynasty, 199
yartsa gunbu (*dbyar rtswa dgun
 ’bu*, caterpillar fungus), 122,
 124
*Yavanajāta*ka (Horoscopy of the
 Greeks; Spuhujidhvaja), 104
Yellow Book (Biji), 84

Yellow-edged Volume, 160,
 162–63; manuscripts of, 162,
 163
 Yeshe Sangpo (Ye shes bzang
 po), 222, 223, 224
 Yeshe Dhonden, 119
 Yeti, 231–32, 235
yid (mind), 33
yi dam (tutelary deity), 215
yije (*yid ches*), term for belief,
 113, 114
Yijing (*I Ching*), 98, 277n53
 Yilekye (Yid las skyed), 17
Yogasūtra, 35
 Yonghe Gong (Peking), 202,
 286n30
yontan (quality), 48
yontan chuden (*yon tan chub du*,
 secondary qualities), 52
 Yonten Gyatso, 239
 Younghusband expedition, 251
 Yuthog Bumseng, 166, 173
 Yuthog Geshe Gonpo Rinchen
 (G.yu thog Dge bshes Mgon
 po rin chen), 174
Yuthog Heart Essence: and
 authorship of the *Four
 Tantras*, 160; editions of, 173,
 281n93; and empowerment
 rites, 150–53, 152, 185; food
 recommendations in, 195;
 and the Southern school,
 187; summary of the second
 chapter, 269–70; Sumton
 Yeshe Sung on, 169; tradition
 of, 45, 189
Yuthog Manuscript, 187
 Yuthog Nyima, 166, 173
 Yuthog Nyingthig (G.yu thog
 snying thig) lineage, 45. See
 also *Yuthog Heart Essence*
 Yuthog Protectors, 174–77; dark
 blue Habse, 170; Pehar, 176;
 vulture-headed, 171; wolf-
 headed, 175; zombie-riding,
 172
 Yuthog Yonten Gonpo (G.yu thog
 yon tan mgon po). See Yuthog
 Yonten Gonpo the Younger
 Yuthog Yonten Gonpo the Elder:
 account of, in *Mirror of Beryl*,
 158; as ancestor of Yuthog the
 Younger, 174, 281n2; as author
 of the *Essence of Ambrosia*,
 167–68; biography of, 168,
 173–74, 199; and the *Four
 Tantras*, 141, 158, 159, 160,
 281n69; problem of, 173–74;
 surgeon descendants of, 85
 Yuthog Yonten Gonpo the
 Younger: above fierce Yuthog
 protector Pehar, 176; as
 author of the *Four Tantras*,
 5, 42, 84, 152, 157, 158, 159,

160, 168, 177, 205, 280n63,
 281n69; and authorship of
Great Garuda Soars, 189;
 and authorship of the *Short
 Treatise*, 168; biography and
 life dates of, 168–69, 173–74,
 179–80; as direct descendant
 of Yuthog the Elder, 174;
 disciples and descendants of,
 173; discussion of moxibus-
 tion in *Four Tantras*, 68; early
 life and education, 169–73;
 early works of, 165–66, 168;
 and empowerment medicine,
 179–80; experiential teachings
 of, 150; *Great Collection
 on Medicinal Plants*, 173;
 iconography of, 152, 156, 174;
 as incarnation of the Medicine
 Buddha, 152, 157, 168; and
 the Nyingma Treasure tradi-
 tion, 179, 180; as physician
 and teacher, 168–69, 173;
 portrait of, 169; shrine to, in
 Arura showroom, 122; studied
Heart of Medicine, 165, 173;
 systematization of external
 therapies, 65; *Three Scroll
 Collections*, 173, 284n148;
 and transmission of the *Four
 Tantras*, 141, 142, 155; travels
 of, 173, 179; vision of the
 Medicine Buddha, 159; writ-
 ings of, 173. See also *Essence
 of Ambrosia*; *Jewel Garland*;
Writing for Sons; *Yuthog Heart
 Essence*

Z

Zangdok Pelri Lhakhang (Zangs
 mdog dpal ri’i lha khang), 131
za yig (edible letters), 191,
 194–95, 197
 Zhan, Mei, 47, 273n4
 Zhangzhung language, 142
 Zheirekhang (Tashilhunpo
 Monastery, Shigatse), 130
 Zinamitra, Sage, 84
zla ba’i bdag po (master of the
 month), 103
zo rigpa (*bzo rig pa*, arts and
 crafts), 10–11
 Zur family, 191
 Zurkhar Lodro Gyalpo: on author-
 ship of the *Four Tantras*, 157;
 commentary *Instruction of the
 Elders*, 167, 185–87, 288n20;
 edition of *Four Tantras*, 163,
 185; on *Essence of Ambrosia*,
 167; medical history of, 163;
 struggled with relationship of
 Tantric and medical channels,
 45; use of *Explicit Treatise*,
 161–62; on the *Yellow-edged*

Volume, 163; and the *Yuthog
 Heart Essence*, 187
 Zurkhar Nyamnyi Dorje, 142, 183,
 185, 186
 Zur tradition, 70, 155, 158, 174,
 274n26; view of origin of
Four Tantras, 155. See also
 Southern school (Zur lugs);
 Zurkhar Lodro Gyalpo; Zurkhar
 Nyamnyi Dorje
 Zysk, Kenneth G., *Asceticism and
 Healing in Ancient India*, 8

